

9198-247

02-01-2011

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

FEB 01 2011

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

Ms. Debbie Ziehr
The Andersons Lawn Fert. Div., Inc.
P.O. Box 119
Maumee, OH 43537

Subject: Additional Brand Name

Dear Ms. Ziehr:

The Agency is in receipt of your Application(s) for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated January December 14, 2010 for:

EPA Registration 9198-247

Additional Brand Name :(DuPont Acelepryn Insecticide with Anderson Golf Products Fertilizer 0-0-5)

The Registration Division (RD) has conducted a review of this request for applicability under PRN 98-10 and finds that the label change(s) requested falls within the scope of PRN-98-10. The label has been date-stamped "Notification" and will be placed in our records.

If you have any questions, call me at 703 305-5409 or electronically at daniel.dani@epa.gov.

Sincerely,

A handwritten signature, likely "Dani Daniel", is written in ink above the typed name.

Dani Daniel
Registration Division (7504P)
Insecticide/Rodenticide Branch



United States
Environmental Protection Agency
Washington, DC 20460

FEB 10 2011

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Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 9198-247	2. EPA Product Manager Eagle	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) The Andersons 0.067% Acelepryn Insecticide Plus Fertilizer	PM# 1	
5. Name and Address of Applicant (Include ZIP Code) The Andersons Lawn Fert. Div., Inc. d/b/a Free Flow Fert. P.O. Box 119 Maumee, OH 43537 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of Alternate Brand Name per PR Notice 98-10: DuPont Acelepryn Insecticide with Andersons Golf Products Fertilizer 0-0-5

This notification is consistent with the guidance of PR Notice 98-10 and the requirements of EPA's regulations at 40 CFR 156.10 and 40 CFR 152.46 and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the guidance of PR Notice 98-10 and the requirements of 40 CFR 156.10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	
* Certification must be submitted				<input checked="" type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		<input checked="" type="checkbox"/> Glass	
				<input checked="" type="checkbox"/> Paper	
				Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 50 - 2,000 lbs.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Debbie Ziehr		Title Regulatory Administrator	
		Telephone No. (Include Area Code) 419-391-3671	
<p align="center">Certification</p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</p>			
2. Signature 		3. Title Regulatory Administrator	
4. Typed Name Debbie Ziehr		5. Date 12/14/10	
6. Date Application Received (Stamped)			

P.O. Box 119 • Maumee, Ohio 43537 • 419/893/5050

