

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060. Approval expires 11-30-93



United States Environmental Protection Agency
Office of Pesticide Programs (H7505C)
Washington, DC 20460

Application for Pesticide:

| | |
|-------------------------------------|--------------|
| <input type="checkbox"/> | Registration |
| <input type="checkbox"/> | Amendment |
| <input checked="" type="checkbox"/> | Other |

OPP Identifier Number

Section I

| | | |
|--|--|--|
| 1. Company/Product Number 9688-67 | 2. Product Manager G. LaRocca | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Chemsico Roach Control | PM# 13 | |
| 5. Name and Address of Applicant (include ZIP Code) Chemsico Division of United Industries Corp. PO Box 142642 St. Louis, Missouri 63114-0642 <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 labelling to: EPA Reg. No. _____ Product Name _____ | |

Section II

| | |
|--|---|
| <input type="checkbox"/> Amendment - Explain below | <input type="checkbox"/> Final printed label 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 |

NOTIFICATION

OCT 31 2001

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

Notification per PR Notice 98-10 to add marketing phrases "Guaranteed Results or Your Money Back" and a statement of how to get your money back, addition of claim "Lasts up to 3 Months!" which is variation of claim already on EPA approved label

Section III

| | | | | | |
|---|---|--|--|---|--|
| 1. Material in Which This Product Will Be Packaged: | | | | 2. Type of Container | |
| Child-Resistant Packaging <input type="checkbox"/> Yes * <input type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Water-Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____ | | |
| * Certification must be submitted. | | If "YES," Unit package wgt No. per container | | | |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) of Retail Container | | 5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product | |
| 6. Manner in Which Label Is Affixed To Product <input type="checkbox"/> Lithographed <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | | | | |

Section IV

| | | |
|--|---|--|
| 1. Contact Point (Complete items directly below for identification of the individual to be contacted, if necessary, to process this application) | | |
| Name Glenda L. Mah | Title Regulatory Affairs Specialist | Telephone No. (include Area Code) 800-242-1166 Ext. 3415 |
| Certification 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. | | 6. Date Application Received (Stamped) |
| 2. Signature | | 3. Title Regulatory Affairs Specialist |
| 4. Typed Name Glenda L. Mah | | 5. Date October 26, 2001 |

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United States Environmental Protection Agency
Office of Pesticide Programs (H7505C)
401 M Street SW
Washington, DC 20460

253140
434-2

Notice of Supplemental Distribution of a Registered Pesticide Product

Instructions

After a registrant has obtained final registration for the basic product, the registrant may then supplementally distribute his/her product. One form must be submitted for each distributor product and must be signed by the Distributor involved. The basic registration number and the distributor company number must be shown.

If a registrant has a potential distributor who does not have a company number assigned, she/he should have the distributor apply, on letterhead stationary, to the Registration Division to have a number assigned prior to submitting this form to the agency.

This notice of Supplemental Distribution must be submitted by the basic registrant. The completed form must have the concurrence and signature of both the registrant and the distributor.

EPA Registration Number of Product

3 9688-67 9

Distributor Company Number

8845

Note: Do not submit distributor product labels

Name of Registered Product (basic product name accepted by EPA)

Chemsico Roach Control

Distributor Product Name

Spectracide Bug Stop Roach Killer

Name and Address of Distributor (Type; include ZIP code)

Spectrum Group
Division of United Industries Corp.
P.O. Box 142642
St. Louis, MO 63114-0642

Read All Conditions Before Signing

1. The distributor product must have the same composition as the basic product.
2. The distributor product must be manufactured and packaged by the same person who manufactures and packages the registered product.
3. The labelling for the distributor product must bear the same claims as the basic product, provided, however, that specific claims may be deleted if by doing so, no other changes to the label are necessary.
4. The product must remain in the manufacturer's unbroken container.
5. The label must bear the EPA registration number of the basic product, followed by a hyphen and the distributor's company number.
6. Distributor product labels must bear the name and address of the distributor qualified by such terms as "packed for...", "distributed by..."; or "sold by..." to show that the name is not that of the manufacturer.
7. All conditions of the basic registration apply equally to distributor products. It is the responsibility of the basic registrant to see that all distributor labeling is kept in compliance with requirements placed on the basic product.

Distributor

We intend to market our product under the Distributor Product Name specified above, subject to the conditions specified on this Notice.

Signature and Title of Distributor


Kathie J. Tryson
Director, Product Registrations

Date

10/26/01

Registrant

I agree that the distributor named above may distribute and sell the Distributor Product specified above, subject to the conditions specified on this Notice.

Signature and Title of Registrant


Glenda Mah
Regulatory Affairs Specialist

Date

10/26/01



ROACH CONTROL

[Works Immediately, Lasts for up to 3 Months • Lasts up to 3 Months • Kills Roaches in 24 Hours • Kills Roaches for up to 3 Months • Kills Roaches • Kills the Eggs they Carry • Kills Roaches Fast and the Eggs they Carry • Kills Roaches and the Eggs they Carry Fast! Fast! Fast! • Kills [both] large and small roaches [fast!] • Contains 12 Child-Resistant Bait Stations • Contains 12 Baits • Keep extra containers in shelf carton until ready to use • Guaranteed Results Or Your Money Back*]

Active Ingredient:
Chlorpyrifos 0.50%
Other Ingredients: 99.50%

KEEP OUT OF REACH OF CHILDREN

CAUTION See back for additional precautionary statements

CONTAINS: 12 - 0.07 OZ. Baits
TOTAL NET WT. 0.84 OZ. (23.8 g)

Chemsico Roach Control contains a unique attractant that gets roaches to the bait faster, so they die faster.

1. Attractant quickly draws roaches to bait station.
2. Roaches eat bait, then crawl away to die.
(graphic) Kills roaches fast . . . and the eggs they carry.

(OPTIONAL: Chemsico Roach Control works by attracting roaches to the bait tray. They eat the bait and crawl away to die.)

(OPTIONAL: Roach-Free Guarantee. Guaranteed to work or your money back).

(OPTIONAL: Bait stations are designed to be visually inspected with a flashlight. This allows for monitoring and timely replacement.)

STOP. READ ENTIRE LABEL BEFORE USING.

DIRECTIONS FOR HOUSEHOLD USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

1. Open pouch and break bait trays apart from plastic frame.
[Alternate: Open pouch, break bait stations apart from each other.]
2. Place the trays where you have seen roaches or in out-of-the-way places [using the stick-up tape provided][Alternate: To apply to vertical surfaces, peel the protective strip to expose adhesive.] Use at least 10 bait stations in the kitchen and 2 in each bathroom placing them near walls, in cabinets, under sinks and refrigerators and in closets. Heavy infestations may require additional baits, especially in kitchen and bathroom areas.
[Alternate format: Place bait stations where roaches have been seen or in out-of-the-way places near walls, in cabinets, under sinks and refrigerators and in closets. Recommended bait locations: Use at least 10 bait stations in the kitchen and at least 2 in each bathroom. Heavily infested areas may require additional bait stations. To apply to vertical surfaces, use the stick-up tape provided.]

3. Replace all bait stations every 3 months, sooner if infestation is heavy.[Alternate: Replace baits every 3 months for continued control or sooner if infestation is heavy.]

STORAGE AND DISPOSAL

Storage: Store in a cool, dry place. **Disposal:** Wrap container and put in trash.

PRECAUTIONARY STATEMENTS

Hazards to Humans and Domestic Animals

CAUTION: May be harmful if swallowed. **If Swallowed:** Get immediate medical attention. **Note to Physician:** Atropine is antidotal and should be administered only if symptoms appear. Chlorpyrifos is a cholinesterase inhibitor.

Keep out of reach of children. Do not place bait on surfaces where food is being prepared or on utensils that are used for food preparation. Do not store near or contaminate food. Do not remove bait from container.

NOTICE: Buyer assumes all responsibility for safety and use not in accordance with directions.

[Questions or comments? Call 1-800-332-5553]

[*Guaranteed Results – If you are not satisfied with this product for any reason, send your written request for a refund to the address below, together with the original dated store receipt showing the price you paid. Please allow 6-8 weeks for processing.]

[**SATISFACTION GUARANTEE:** If you are not completely satisfied with this product, send the proof of purchase and your name, address and original cash register receipt showing price, date and place of purchase for full refund to: Chemsico, P. O. Box 142642, St. Louis, MO 63114-0642]

Made in the USA by Chemsico, Division of United Industries Corporation, P.O. Box 142642, St. Louis, MO 63114-0642

EPA Reg. No. 9688-67
EPA Est. No. 9688-MO-1
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NOTIFICATION

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ROACH CONTROL

Active Ingredients:

Chlorpyrifos 0.50%

Other Ingredients: 99.50%

KEEP OUT OF REACH OF CHILDREN

CAUTION: May be harmful if swallowed. If swallowed: Get immediate medical attention. Note to Physician: Atropine is antidotal and should be administered only if symptoms appear. Chlorpyrifos is a cholinesterase inhibitor.

See outer [carton] (bag) for complete directions and precautions.

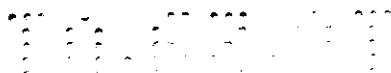
NET WT. 0.07 OZ.

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P. O. Box 142642, St. Louis, MO 63114-0642

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