


Please read instructions on reverse before completing form.

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

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number  199592
	Application for Pesticide:		

Section I

1. Company/Product Number  9688-103	2. EPA Product Manager  R. Keigwin	3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name)  CHEMSICO CARPET POWDER	PM#  10	
5. Name and Address of Applicant (Include ZIP Code) CHEMSICO DIVISION OF UNITED INDUSTRIES CORP P.O. BOX 15842 ST. LOUIS, MO 63114  <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: ADD THE PHRASES "WITH PET ODOR NEUTRALIZER" AND "KILLS FLEAS PLUS ELIMINATES PET ODORS".  
ADD AN: "OPTIONAL GUARANTEE"

Section III

1. Material This Product Will Be Packaged In:				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
	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container	<input type="checkbox"/> Glass
					<input type="checkbox"/> Paper
					<input type="checkbox"/> Other (Specify) _____
* Certification must be submitted.					
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"/> 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  KELLY LOFT	Title  REGULATORY AFFAIRS SPECIALIST	Telephone No. (include Area Code)  800-242-1166
2. Signature  		6. Date Application Received (Stamped)  SIB 5/7/92
3. Title  REGULATORY AFFAIRS SPECIALIST		
4. Typed Name  KELLY LOFT		5. Date  NOVEMBER 3, 1995