

9688-166

6-28-2002

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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:

  


Registration  
Amendment  
Other

OPP Identifier Number

## Section I

|                                                                                                                                                                                                                   |                                                                                                                                                                                         |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>9688-166                                                                                                                                                                             | 2. Product Manager<br>G. LaRocca                                                                                                                                                        | 3. Proposed Classification<br><input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Chemsico Insect Control CP                                                                                                                                                           | PM#<br>13                                                                                                                                                                               |                                                                                                 |
| 5. Name and Address of Applicant (include ZIP Code)<br>Chemsico,<br>Division of United Industries Corp.<br>P.O. Box 142642<br>St. Louis, MO 63114-0642<br><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:<br><br>EPA Reg. No. _____<br>Product Name _____ |                                                                                                 |

## Section II

 Amendment - Explain below  
 Resubmission in response to Agency letter dated \_\_\_\_\_  
 Notification - Explain below.

 Final printed label in response to Agency letter dated \_\_\_\_\_  
 "ME TOO" Application.  
 Other - explain below

NOTIFICATION

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

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Notification per PR Notice 2001-6 to update the Disposal statements.

## Section III

|                                                                                                                                                                       |                                                                               |                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                   |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Material in Which This Product Will Be Packaged:                                                                                                                   |                                                                               |                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                   |                      |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes *<br><input type="checkbox"/> No                                                                            | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water-Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | 2. Type of Container<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |                                                                                                                                   |                      |
| * Certification must be submitted.                                                                                                                                    |                                                                               | If "YES,"<br>Unit package wgt                                                          | No. per<br>container                                                                                                                                                                                             | If "YES,"<br>Package wgt                                                                                                          | No. per<br>container |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                          |                                                                               | 4. Size(s) of Retail Container                                                         |                                                                                                                                                                                                                  | 5. Location of Label Directions<br><input type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product |                      |
| 6. Manner in Which Label Is Affixed To Product<br><input type="checkbox"/> Lithographed<br><input type="checkbox"/> Paper glued<br><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<br>Glenda L. Mah                                                                                                                                                                                                                                                        |  | Title<br>Regulatory Affairs Specialist |                                           | Telephone No. (include Area Code)<br>1-800-242-1166 Ext 3415 |                                       |
| Certification<br>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<br><i>Glenda L. Mah</i>                                                                                                                                                                                                                                         |  |                                        | 3. Title<br>Regulatory Affairs Specialist |                                                              |                                       |
| 4. Typed Name<br>Glenda L. Mah                                                                                                                                                                                                                                               |  |                                        | 5. Date<br>June 21, 2002                  |                                                              |                                       |

# Chemsico

NOTIFICATION

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## Insect Control CP

[Controls Tree termite (comejen) nests within 24 hours • Kills Tree termites (comejenes) • Kills Drywood Termites (Polillas) • Kills Drywood Termites (polillas) on contact • Kills roaches • Kills fleas • Kills both adult and pre-adult (larvae) fleas • Kills fleas and their hatching eggs • Also stops spiders, roaches, fleas, and ticks • Kills on contact • Kills fast • Fast killing • Kills hidden bugs • Kills even hidden bugs • Kills the bugs you see and kills the bugs you don't see • Lasts for up to 8 weeks • 8 week control • Water-based • Non-staining • No oily residue • No lingering odor • Leaves no odor • Use indoors and outdoors • Water-based (Non-staining, [Leaves] no odor) • Sprayer included • Ready-to-use • Economical do-it-yourself pest control • Do-it-yourself pest control • Easy to use ready spray]

Active Ingredient:  
Tralomethrin ..... 0.03%  
Other Ingredients..... 99.97%

**KEEP OUT OF REACH OF CHILDREN**  
**CAUTION** See side for additional precautionary statements  
**NET CONTENTS 1 GALLON**

### STOP. READ ENTIRE LABEL BEFORE USE.

#### DIRECTIONS FOR USE

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



**People and pets should not be allowed in treated areas until spray has dried. Do not use on pets.**

#### SHAKE WELL BEFORE USING

##### [SPRAYER INSTRUCTIONS

[How to prime and care for your sprayer:]

1. After shaking product well, remove cap from container and replace with sprayer hose and cap assembly. Tighten securely.
2. Turn sprayer nozzle one half turn counter-clockwise. Hold sprayer below the level of container and prime by pumping trigger 10 - 15 times until product is dispensed. Adjust nozzle to fine spray or jet stream as needed.
3. To store, turn nozzle to "OFF" position and store with sprayer above level of liquid in container to prevent leakage.]

#### INDOORS (Graphic showing Indoor treatment sites.)

Avoid contamination of food, feedstuffs and domestic water supplies. All food processing surfaces and utensils should be covered during treatment or thoroughly washed before use. Remove pets, birds and cover fish aquariums before spraying.

For **Drywood Termites [polillas]** treat infested areas and areas likely to be infested, such as wood surfaces, voids and tunnels [channels] in damaged wood, behind veneers, in structural voids (between stud walls and spaces between wood and concrete [foundations] and along cracks. When treating for exposed drywood termites pay particular attention to areas around windows, ventilation pipes and other areas that may allow termite entry into the home.

*Note: Drywood termites will be killed only if they come in contact with this product. Use of this product to control drywood termites should not be considered as a substitute for treatment by a professional pest control operator.*

Spray areas where **cockroaches, Palmetto bugs, ants, crickets, water bugs, silverfish and spiders** are found or normally occur including dark corners of rooms and closets, cracks and crevices in walls; along and behind baseboards; beneath and behind sinks, stoves, refrigerators and cabinets; around plumbing and other utility installations. Repeat application after eight weeks or earlier if re-infestation occurs. **For ants**, apply to ant trails, around doors and windows and wherever else ants may find entrance.

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For control of fleas and brown dog ticks, thoroughly spray pet beds, resting quarters, nearby cracks and crevices, along and behind baseboards, window and door frames and localized areas of floor and floor covering where fleas and ticks may be present. Pet bedding should be replaced with clean fresh bedding after treating the area. **Do not treat pets with this product.** To control the source of flea infestations, pets should be treated with a product registered for application to animals.

#### **OUTDOORS** (Graphic showing Outdoor treatment sites.)

For **Tree termites (sp. *Nasutitermes*)[comejenes]** treat specific areas where termite trails and nests are seen. Make holes in the nest and apply enough product to saturate the nest. Thoroughly wet termite trails going into the nest. Wait at least 24 hours before removing treated nest.

**Flies, mosquitoes:** For use only as an aid in reducing annoyance from these insects. Spray outside surfaces of screens, doors, window frames or wherever insects may enter the room. Also spray surfaces around light fixtures, on porches, in garages and other places where insects alight or congregate.

**Ants, ticks (including ticks which transmit Lyme disease), crickets, fleas and earwigs:** For treatment of infestation of these insects in areas where there are weeds or bushy non-crop areas, spray infested areas thoroughly. When treating for ticks, give special attention to areas frequented by pets. For ants, thoroughly wet hills and runways.

#### **STORAGE AND DISPOSAL**

**Storage:** Store in cool dry area away from heat or open flame. **Disposal: If empty:** Do not reuse this container. Place in trash or offer for recycling if available. **If partly filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

#### **PRECAUTIONARY STATEMENTS**

##### **Hazards to Humans and Domestic Animals**

**CAUTION:** Harmful if inhaled. Avoid breathing vapor or spray mist. Removing and washing contaminated clothing before reuse may reduce exposure.

##### **First Aid**

**If Inhaled:** Move person to fresh air. If not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth to mouth if possible. Call a Poison Control Center or doctor for further treatment advice.

Have the product container or label with you when calling a Poison Control Center or doctor, or going for treatment.

##### **Environmental Hazards**

This product is toxic to fish and other aquatic organisms. Do not apply directly to water.

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

**Questions or comments?** Call toll free 1-800-332-5553

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

EPA Reg. No. 9688-166

EPA Est. No. 9688-MO-1

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