

# NOTIFICATION

PM 25 P9 192

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

|   |                       |
|---|-----------------------|
| <input type="checkbox"/> Registration     | OPP Identifier Number |
| <input type="checkbox"/> Amendment        | 219324                |
| <input checked="" type="checkbox"/> Other |                       |

## Application for Pesticide - Section I

|  |  |  |
|--|--|--|
| 1. Company/Product Number<br><b>10182-372</b>  | 2. EPA Product Manager<br><b>R. J. Taylor</b>  | 3. Proposed Classification:<br><input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product Name<br><b>Cyclone Concentrate Herbicide</b>  | PMA<br><b>25</b>   |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>Zeneca Ag Products<br/>1900 Concord Ave<br/>Wilmington, DE 19897</b> | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. _____<br>Product Name _____ |  |
| <input type="checkbox"/> Check if this is a new address  |  |  |

## 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.) **FINAL PRINTED Supplemental LABELING INCORPORATING NEW, APPROVED WPS RESTRICTED ENTRY Interval STATEMENTS WITH MINOR MODIFICATION - DELETION OF use pattern NOT ON PRODUCTION/MARKETING Label.**  
**- "DORMANT Season & Between CUTTINGS in ALFALFA"**

## Section - III

|   |   |  |                             |   |                                  |
|---|---|--|-----------------------------|---|----------------------------------|
| 1. Material This Product Will Be Packaged In:   |   |  |                             | 2. Type of Container  |                                  |
| 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 |                             | <input type="checkbox"/> Metal                              | <input type="checkbox"/> Plastic |
|   | If "Yes" Unit Packaging wgt.      No. per container                           | If "Yes" Package wgt.      No. per container   |                             | <input type="checkbox"/> Glass                              | <input type="checkbox"/> Paper   |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container  |   |  | 4. Size(s) Retail Container | 5. Location of Label Directions<br><input type="checkbox"/> |                                  |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><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<br><b>Wayne R. Hiltbrecht</b>  | Title<br><b>Regulatory Product Manager</b> | Telephone No. (Include Area Code)<br><b>302-886-1230</b>     |
| 2. Signature<br>  |  | 6. Date Application Received<br>(Stamped)<br><br><b>10/2</b> |
| 3. Title<br><b>Regulatory Product Manager</b>   |  |  |
| 4. Typed Name<br><b>Wayne R. Hiltbrecht</b>   | 5. Date<br><b>10/18/94</b>                 |  |

BEST COPY AVAILABLE

# ZENECA Ag Products

**RESTRICTED USE PESTICIDE  
Due to Acute Toxicity**

For retail sale to and use only by Certified Applicators or persons under their direct supervision and only for those uses covered by the Certified Applicator's certification.

**SUPPLEMENTAL LABEL FOR WORKER PROTECTION STANDARD  
RESTRICTED ENTRY INTERVAL (REI)**

## **CYCLONE® Concentrate**

EPA Reg. No. 10182-372

### **DIRECTIONS FOR USE**

It is a violation of Federal law any may endanger the applicator or third parties to use this product without complying with all label directions and warnings.

**For Preplant or Preemergence (Broadcast or Banded), Chemical Fallow, Postemergence Directed Spray:** Do not enter or allow worker entry into treated areas during the restricted entry interval (REI) of 12 hours.

**For Harvest Aid and Desiccation Applications:** Do not enter or allow worker entry into treated areas during the restricted entry interval (REI) of 48 hours.

All applicable directions, restrictions and precautions on the EPA-registered label are to be followed.

This labeling must be in the possession of the user at the time of pesticide application.

CYCLONE® is a trademark of a ZENECA Group Company.

04-0799-283 10/94

