


21 83 15400-21

201764

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	OPP Identifier Number NOTIFICATION 201764
		<input checked="" type="checkbox"/> Amendment	
Application for Pesticide:		<input type="checkbox"/> Other	

Section I

1. Company/Product Number 10404-21	2. EPA Product Manager Joanne Miller	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) LESCO A-4D Herbicide	PM# 23	
5. Name and Address of Applicant (Include ZIP Code) LESCO, Inc. 20005 Lake Road Rocky River, OH 44116 <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)

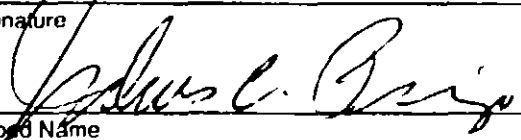
LABEL CHANGE PER PR NOTICES 93-3 + 93-8

NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 89-8
DATE: 8/3/93

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	If "Yes," Unit Package wgt		No per container
* Certification must be submitted.		If "Yes," 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"/> 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 Julius C. Prinzo	Title Manager Product Registration	Telephone No* (Include Area Code) 216/333-9250
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 both under applicable law.		6. Date Application Received (Stamp)
2. Signature 	3. Title Manager, Product Registration	Date 7/23/93
4. Typed Name Julius C. Prinzo	5. Date	

BEST AVAILABLE COPY

