

10806-105

2/14/2011

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

FEB 14 2011

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

Ms. Kim Davis
Contact Industries
c/o RegWest Company, LLC
8203 West 20th Street, Suite A
Greeley, CO 80634-4696

Subject: Label Notification(s) for Pesticide Registration 98-10, PR Notice 2007-4, and 2008-1

Dear Ms. Davis:

The Agency is in receipt of your Application(s) for Pesticide Notification under Pesticide Registration Notice (PRN) 2007-4 dated for June 9, 2010

EPA Registration Number: 10806-105 Pro/Pak Shure Shot Wasp & Hornet Spray

The Registration Division (RD) has conducted a review of this request for applicability Under PRN 2007-4 and finds that the label change(s) requested falls within the scope of PRN-2007-4. The label has been date-stamped "Notification" and will be placed in our records.

Please be reminded that 40 CFR Part 156.140(a)(4) requires that a batch code, lot number, or other code identifying the batch of the pesticide distributed and sold be placed on non-refillable containers. The code may appear either on the label (and can be added by non-notification/PR Notice 98-10) or durably marked on the container itself.

If you have any questions, please contact Melody Banks on 703 305-5413.

Sincerely,

Mark Suarez
Product Manager 13
Insecticide Branch
Registration Division (7504P)

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060.

United States Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <h2 style="text-align: center;">Notification</h2>
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Application for Pesticide – Section I

1. Company/Product Number EPA Reg. No. 10806-105	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/ Product (Name) Pro/Pak Shure Shot Wasp & Hornet Spray	PM # 10	
5. Name and Address of Applicant (Include ZIP Code) Contact Industries c/o RegWest Company, LLC 8203 West 20th St., Suite A Greeley, CO 80634-4696		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 _____

Check if this is a new address

Section – II

<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.
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NOTIFICATION

FEB 14 2011

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

Submit Non-PRIA Label Revision Notification per PR Notices 98-10, 2007-4 and 2008-1.

This notification is consistent with the provisions of PR Notices 98-10, 2007-4 and 2008-1 and EPA regulations at 40 CFR § 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to the EPA. I further understand that if this notification is not consistent with the terms of PR Notices 98-10, 2007-4 and 2008-1 and 40 CFR § 152.46 this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section – III

1. Material This Product Will Be Packaged In:						
Child Resistant Packaging <input checked="" 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	2. Type of Container <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 Packaging Wt.	No. Per Container	If "Yes" Packaging Wt.	No. Per Container	<input type="checkbox"/> Other (Specify): _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) 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"/> Stenciled <input type="checkbox"/> Paper glued <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 Kim Davis	Title Consultant/Agent	Telephone No. (include Area Code) 970.353.0611 kim@regwest.com

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 Consultant/Agent
4. Typed Name Kim Davis	5. Date June 9, 2010

RECEIVED
6/17/10

Non-PRIA Label Revision Notification



June 9, 2010

Mr. Richard Gebken, Product Manager 10
Document Processing Desk - NOTIF
Office of Pesticide Programs - 7504P
U.S. Environmental Protection Agency
One Potomac Yard (South Building), Room S-4900
2777 South Crystal Drive
Arlington, VA 22202

Dear Mr. Gebken:

Subject: Contact Industries
Pro/Pak Shure Shot Wasp & Hornet Spray
EPA Reg. No. 10806-105

On behalf of Contact Industries, RegWest Company, LLC is submitting the attached documents in response to PR Notices 2007-4 and 2008-1. RegWest Company will act as sole agent in this endeavor.

In addition to the PR Notice change, we are making additional revisions such as deleting the "or 1-800-CLEANUP". Please refer to the Reference Label for an illustration of all revisions.

Please contact me at 970.353.0611 or kim@regwest.com if you have any questions or comments concerning this submission.

Regards,
RegWest Company, LLC

Handwritten signature of Kim Davis

Kim Davis,
Consultant/Agent

Attachments

cc: Piranian, E.
LaRocco, M.

Vertical column of small characters (possibly a barcode or tracking code)

4/5

Pro/Pak Shure Shot Wasp & Hornet Spray

This product can be used both indoors (attics and other places where nests are built) and outdoors on wasp and hornet nests.

Shoots a stream 10 feet.

NOTIFICATION

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Active Ingredients:

- Tetramethrin [(1-Cyclohexene-1,2-dicarboximido) methyl 2, 2-dimethyl-3-(2-methylpropenyl) cyclopropanecarboxylate] 0.200%
- 3-phenoxybenzyl-(1RS,3RS;1RS,3SR)-2,2-dimethyl-3-(2-methylprop-1-enyl) cyclopropanecarboxylate 0.125%

- Other Ingredients*** 99.675%
- Total 100.000%

*Contains petroleum distillate

Keep Out of Reach of Children

CAUTION

See back panel for First Aid and additional Precautionary Statements.

EPA Reg. No. 10806-105 EPA Est. 10806-NJ-1

Net Wt: 10 oz. (238 gm.)

{Back Panel}

DIRECTIONS FOR USE

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

For Control of Wasps and Hornets: It is preferable to apply this product in the evening after all the insects have returned to the nest. Aim valve opening at the nest and depress button, continuing to spray until the nest is soaked with the spray. Repeat as necessary.

PRECAUTIONARY STATEMENTS

Hazards to Humans and Domestic Animals

CAUTION

Harmful if swallowed. Contains petroleum distillate. Do not induce vomiting because of aspiration hazard. Do not breathe vapors or spray mist. Causes slight eye irritation. Do not get in eyes. Avoid contact with skin and clothing. Wash contaminated skin promptly with soap and warm water. Avoid contamination of food and feedstuffs.

Do not use in commercial food processing, preparation, food storage or serving areas. In the home, all food processing surfaces and utensils should be covered during treatment, or thoroughly washed before use. Exposed food should be covered or removed.

Remove pets, birds, and cover fish aquariums before spraying.

First Aid

If Swallowed:	<ul style="list-style-type: none"> • Call a poison control center or doctor immediately for treatment advice. • Do not give any liquid to the person. • Do not induce vomiting unless told to do so by the poison control center or doctor. • Do not give anything by mouth to an unconscious person.
If on Skin or Clothing:	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes

