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6/21/95

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

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number  
**229815**

**Application for Pesticide - Section I**

1. Company/Product Number <i>TRANSFERRED</i> <del>264-493</del> <b>17685-18</b>	2. EPA Product Manager Joanne I. Miller	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) MCCP Tech	PM# 23	
5. Name and Address of Applicant (Include ZIP Code) Rhône-Poulenc Ag Company 2 TW Alexander Drive Research Triangle Park, NC 27709 <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.)

Added revised effluent discharge statements in accordance with PR Notice 93-10.

**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
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
					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"/> 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 Karen S. Shearer		Title Registration Manager		Telephone No. (Include Area Code) 919-549-2365	
<b>Certification</b> 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 (Stamp) 95-2 JH 7/95
2. Signature <i>Karen S. Shearer</i>		3. Title Registration Manager			
4. Typed Name Karen S. Shearer		5. Date June 19, 1995			

# MCP Tech

**For Manufacture of Herbicides Only**

**ACTIVE INGREDIENT:**

2-(2-methyl-4-chlorophenoxy)propionic acid.....93.0%

**INERT INGREDIENTS:**.....7.0%

**EPA Reg. No. 264-493- TRANSFERRED TO 11685-18** **EPA Est. No. 11685-EN-001**

**KEEP OUT OF REACH OF CHILDREN  
CAUTION**

**For MEDICAL and TRANSPORTATION Emergencies ONLY Call 24 Hours A Day 1-800-334-7577.**

## STATEMENT OF PRACTICAL TREATMENT

**IF SWALLOWED:** Call a physician or Poison Control Center. Drink 1 to 2 glasses of water and induce vomiting by touching back of throat with finger. Do not induce vomiting or give anything by mouth to an unconscious person.

**IF ON SKIN:** Wash with plenty of soap and water. Get medical attention.

**IF INHALED:** Remove victim to fresh air. If not breathing, give artificial respiration, preferably mouth-to-mouth. Get medical attention.

**IF IN EYES:** Flush with plenty of water. Get medical attention.

### NOTE TO PHYSICIAN

No specific antidote is available. All treatments should be based on observed signs and symptoms of distress in the patient. Overexposure to materials other than this product may have occurred.

## PRECAUTIONARY STATEMENTS

### CAUTION

#### HAZARDS TO HUMANS AND DOMESTIC ANIMALS

Harmful if swallowed, absorbed through the skin or inhaled. Causes moderate eye injury. Avoid contact with skin, eyes or clothing. Wear goggles, face shield or safety glasses. Wash thoroughly with soap and water after handling. Remove and wash contaminated clothing before reuse.

#### ENVIRONMENTAL HAZARDS

Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product into sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

## DIRECTIONS FOR USE

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

Read entire label before using this product.

For use only by manufacturers in the formulation of herbicides. Formulators using this product are responsible for obtaining EPA registration of their formulated products.

**Only For Formulation Into a Herbicide, for (1) The Following Uses: Non-Crop:** turf in areas such as roadsides, golf courses, lawns, fence rows, vacant lots, rights-of-way and other similar non-crop areas.

**(2) Uses for Which USEPA has Accepted the Required Data and/or Citations of Data that the Formulator has Submitted in Support of Registration and (3) Uses for Experimental Purposes that are in Compliance with USEPA Requirements.**

## STORAGE AND DISPOSAL

### STORAGE

Do not contaminate water, food or feed by storage or disposal. Store in a cool dry place.

### PESTICIDE DISPOSAL

Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

### CONTAINER DISPOSAL

Completely empty bag into formulation equipment. Then dispose of empty bag in a sanitary landfill or by incineration, or if allowed by State and local authorities, by open burning. If burned, stay out of smoke.

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## **DISCLAIMER AND INDEMNITY FOR FORMULATORS' USES**

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THIS DISCLAIMER AND INDEMNITY IS IN ADDITION TO, NOT IN LIEU OF, THE BELOW DISCLAIMER AND LIMITATIONS.

### **LIMITED WARRANTY AND DISCLAIMER**

The manufacturer warrants that this product conforms to the chemical description on the label; that this product is reasonably fit for the purposes set forth in item (1) of the Directions for Use when it is used in accordance with such Directions; and that the statements under item (1) of the Directions, the warnings and other statements on this label, other than the suggested uses under items (2) and (3) of the Directions, are based upon responsible experts' evaluation of reasonable tests of effectiveness, of toxicity to laboratory animals and to plants, and of residues on food crops and upon reports of field experience. Tests have not been made on all varieties or in all states or under all conditions. THE MANUFACTURER NEITHER MAKES NOR INTENDS, NOR DOES IT AUTHORIZE ANY AGENT OR REPRESENTATIVE TO MAKE, ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, AND IT EXPRESSLY EXCLUDES AND DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

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MCPP Tech (MASTER) Notification: 6/9/95.