Form No. 11694-103 Page 1 of 2

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

(A) EPA

United States Environmental Protection Agency
Office of Pesticide Programs (H7505C)
Washington, DC 20460

Application for Pesticide: ☐ Registration ☐ Amendment ☒ Other

OPP Identifier Number: 152445

Section I

1. Company/Product Number: 11694-103
2. EPA Product Manager: Mountfort
   PM#: 10
3. Proposed Classification: ☐ None ☒ Restricted
4. Company/Product (Name): WH-40 Wasp & Hornet Spray
5. Name and Address of Applicant *(Include ZIP Code)*:
   Dymon, Inc.
   3401 Kansas Avenue
   Kansas City, KS 66106
   ☐ *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

☐ Amendment - Explain below
☐ Resubmission in response to Agency letter dated_____
☒ Notification - Explain below.
☐ Final printed labels in response to Agency letter dated_____
☐ "Me Too" Application.
☐ Other - explain below.

NOTIFICATION
LABEL NOT REVIEWED
PER PR NOTICE 86-5
DATE 8/3/93

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

Addition of phrase "FOR COMMERCIAL/INDUSTRIAL USE ONLY" to currently stamped accepted labeling(April 19, 1993). [illegible] Also, per PR Notice 92-9 addtion of phrase "Contains no CFCs or other ozone depleting substances. Federal regulations prohibit CFC propellants in aerosols." No other changes to label or formula have been made.

Section III

BEST AVAILABLE COPY

1. **Material This Product Will Be Packaged In:**

Child-Resistant Packaging	Unit Packaging	Water Soluble Packaging	2. Type of Container
☐ Yes* ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Metal ☐ Plastic ☐ Glass ☐ Paper ☐ Other (Specify)_____
* *Certification must be submitted.*	If "Yes," Unit Package wgt. / No. per container	If "Yes," Package wgt. / No. per container	

3. Location of Net Contents Information: ☐ Label ☐ Container
4. Size(s) of Retail Container
5. Location of Label Directions: ☐ On Label ☐ On Labeling accompanying product
6. Manner In Which Label Is Affixed To Product: ☐ Lithograph ☐ Paper glued ☐ Stenciled ☐ Other (_____)

Section IV

1. Contact Point *(Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)*

Name	Title	Telephone No. (Include Area Code)
Nancy R. Robey	Regulatory Specialist	(913) 321-5537

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
Nancy R. Robey	Regulatory Specialist
4. Typed Name	**5. Date**
Nancy R. Robey	June 17, 1993