

OCT 29 2003

Mr. William L. Washburn  
Regulatory Affairs Manager  
SPEER PRODUCTS INCORPORATED  
P.O. Box 18993  
Memphis, TN 38118

Dear Mr. Washburn:

This is in response to your request dated September 4, 2003 to change the primary brand name for **EPA Registration 11715-6** from Speer Professional Insect Killer (with .35% SBP-1382) to:

**SPEER INSECT KILLER (WITH .35% SBP-1382)**

Your request for the name change is **accepted** and the change will be made to the Agency's records. All future correspondence on this product should reference the new name.

Sincerely yours,

Sherada D. Hobgood  
Notifications Review Coordinator  
Registration Division (7505C)

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 05-31-98

|  |  |  |
|--|--|--|
|  <b>EPA</b><br>United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> Registration<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Other | OPP Identifier Number<br>(None issued) |
|--|--|--|

**Application for Pesticide - Section I**

|   |  |   |
|---|--|---|
| 1. Company/Product Number<br><b>11715-6</b>   | 2. EPA Product Manager<br><b>Linda Arrington</b> | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted  |
| 4. Company/Product (Name)<br><b>Speer Insect Killer (with .35% SBP-1382)</b>  | PM#<br><b>10</b>                                 |   |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>Speer Products, Inc.</b><br><b>4242 B.F. Goodrich Blvd.</b><br><b>Memphis, TN 38118</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><br>Product Name: <u>          <b>NOTIFICATION</b>          </u><br><br><div style="text-align: center; font-size: 1.2em;">OCT 29 2003</div> |

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   |

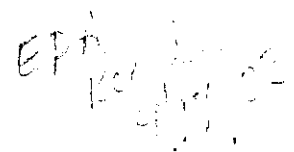
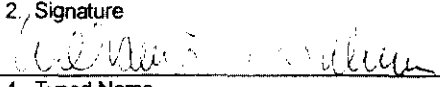
**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

Notification of change in the primary product name. This notification is consistent with the provisions of PR Notice 98-10 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 EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 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:  |   |  |   | 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 |
| *Certification must be submitted   |   | If "Yes"<br>Unit Packaging wgt.      No. per container                                 | If "Yes"<br>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"/> On Label<br><input type="checkbox"/> On labeling accompanying product                      |                                  |
| 6. Manner in Which Label is Affixed to Product   |   |  |   | <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled |                                  |

**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>William L. Washburn</b>   | Title<br><b>Regulatory Affairs Manager</b>    | Telephone No. (Include Area Code)<br><b>901-362-1950</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<br><b>(Stamped)</b><br><br> |
| 2. Signature<br>   | 3. Title<br><b>Regulatory Affairs Manager</b> |   |
| 4. Typed Name<br><b>William L. Washburn</b>  | 9-4-03  |   |

**NOTIFICATION**

OCT 29 2003

**SPEER INSECT SPRAY**

(with .35% SBP-1382)

**For Bakeries, Restaurants, Schools, Hotels,  
Motels, Office Buildings, Hospitals**

**Not for Use in U.S.D.A. meat and poultry  
processing plants**

**ACTIVE INGREDIENT:**

\*†Resmethrin: [5-(Phenylmethyl)-3-furanyl]methyl 2,2-dimethyl-3-(2-methyl-1-propenyl)-cyclopropanecarboxylate.....0.350%  
**INERT INGREDIENTS\*\*:**.....99.650%  
100.000%

\*cis/trans isomer ratio: max. 30% (+/-) cis, min. 70% (+/-) trans  
†U.S. Patent No. 3,456,007.  
\*\*Contains petroleum distillates.

**KEEP OUT OF REACH OF CHILDREN**

**CAUTION**

**See back panel for additional precautions  
statements**

NET WEIGHT: \_\_\_\_\_ OZ.

EPA Reg. No. 11715-06  
EPA Est. No. 11715-TN-1

**PRECAUTIONARY STATEMENTS  
HAZARDS TO HUMANS AND  
DOMESTIC ANIMALS  
CAUTION**

Harmful if swallowed. Avoid contact with eyes or skin. Cover or remove fishbowls. Remove all pets from area to be treated. Avoid contamination of food and feedstuff. Food should be removed or covered during treatment. All food processing surfaces and equipment should be washed with an effective cleaning compound followed by a potable water rinse. When using this product in these areas, apply only when the facility is not in operation. In hospitals, patients should be removed from room prior to treatment. Room should be ventilated for 2 hours after spraying. Do not return patients to room until after ventilation.

| <b>FIRST AID</b>     |  |
|----------------------|--|
| <b>IF SWALLOWED:</b> | <ul style="list-style-type: none"> <li>• Immediately call a poison control center or doctor.</li> <li>• Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>• Do not give any liquid to the person.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul> |
| <b>IF IN EYES:</b>   | <ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>                  |

|   |   |
|---|---|
| <b>IF ON SKIN OR CLOTHING:</b>  | <ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>   |
| <b>IF INHALED:</b>  | <ul style="list-style-type: none"> <li>• Move person to fresh air.</li> <li>• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.</li> <li>• Call a poison control center or doctor for further treatment advice.</li> </ul> |
| <b>HOT LINE NUMBER</b>  |   |
| Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-877-757-4943 for emergency medical treatment information. |   |
| <b>NOTE TO PHYSICIAN</b>  |   |
| Contains petroleum distillate – vomiting may cause aspiration pneumonia.  |   |

**PHYSICAL HAZARDS**

Contents under pressure. Do not use or store near heat or open flame. Do not puncture or incinerate container. Exposure to temperatures above 130° F. may cause bursting.

**DIRECTIONS FOR USE**

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

Remove protective cap. Holding dispenser upright, point valve in desired direction and press dispenser button to spray.

**MOSQUITOES, FLIES, GNATS:** Close all doors and windows. Direct the spray to all parts of the room. Fill the room with mist; then leave

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the treated area. Keep the room closed for at least 15-30 minutes. Ventilate the room when treatment is completed.

**WASPS:** Application should be made in late evening when insects are at rest. Spray liberally into hiding and breeding places contacting as many insects as possible. Repeat as necessary.

**FOR CRAWLING INSECTS: Roaches, earwigs, grain mites, sowbugs, spiders, and centipedes:**

Spray thoroughly into hiding places such as cracks, crevices, moist areas, openings around pipes and sinks, under refrigerators, baseboards and storage areas. Spray directly on insects where possible.

**ANTS:** Spray trails, nests and points of entry. Spray on ants where possible. Repeat as necessary.

**STORAGE AND DISPOSAL**

Do not contaminate water, food, or feed by storage or disposal.

**STORAGE:** Store in a cool area away from heat or open flame.

**DISPOSAL:** Do Not Puncture or Incinerate! **If empty:** Place in trash or offer for recycling if available. **If partly filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

[Distributors may chose to use their own emergency numbers and times of operation]

**MANUFACTURED BY:  
SPEER PRODUCTS, INC.  
P.O. BOX 18993  
MEMPHIS, TN 38118-0993**