


Reg # 1773-18

11-23

123

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 <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 194412
	Application for Pesticide:		

Section I

1. Company/Product Number 19713-18	2. EPA Product Manager <i>Robert Taylor</i>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Antak Tobacco Sucker Control Agent 50.1	PM# 25	
5. Name and Address of Applicant (Include ZIP Code) Drexel Chemical Company P.O. Box 9306 2484 Pennsylvania St Memphis, TN 38109 <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.)

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

Amendment to meet the Requirements of PR Notice 93-3
"Labeling Statement Prohibiting Application To Water".

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
	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container	<input type="checkbox"/> Glass
* Certification must be submitted.					<input type="checkbox"/> Paper
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

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

Name Barbara Brown	Title Labeling Specialist	Telephone No. (include Area Code) 901-774-4370
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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.

2. Signature <i>Barbara Brown</i>	3. Title Labeling Specialist	6. Date Application Received (Stamped)
4. Typed Name Barbara Brown	5. Date JUL 22 1993	

DREXEL

NOTIFICATION
LABEL NOT REVIEWED
PER PR NOTICE 88-8

ANTAK

DATE 8/3/93

Tobacco Sucker Control Agent

ACTIVE INGREDIENT:

n-Decanol (Fatty alcohol C ₁₀ -100%)*.....	79%
INERT INGREDIENT:.....	21%
TOTAL:.....	100%

*Weight of Active Ingredients is 5.72 pounds per gallon

KEEP OUT OF REACH OF CHILDREN
WARNING/AVISO

PRECAUCION AL USUARIO: Si usted no lee ingles, no use este producto hasta que la etiqueta le haya sido explicado ampliamente.

READ ENTIRE LABEL BEFORE USING THIS PRODUCT.
SHAKE WELL BEFORE USING.

EPA Reg. No. 19713-18
EPA Est. No. 19713-MS-1

Net Contents: 20 Liters

Deletions 7/93

STATEMENT OF PRACTICAL TREATMENT

IF SWALLOWED: Call a physician or Poison Control Center. Drink promptly a large quantity of milk, egg whites, gelatin solution, or, if these are not available, drink large quantities of water. Avoid alcohol.

IF IN EYES: Immediately flush eyes with plenty of water. Get Medical attention.

IF ON SKIN: Immediately remove contaminated clothing, INCLUDING SHOES, and wash skin with soap and plenty of water. If irritation develops, send for a physician.

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

Harmful if swallowed, avoid breathing of spray mist. May cause irritation of nose, throat and skin. Causes substantial but temporary eye injury. Do not get in eyes or on skin and clothing. Wear safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse. Do not apply this product in such a manner as to directly or through drift expose workers or other persons. The area being treated must be vacated by unprotected persons.

ENVIRONMENTAL HAZARDS

For terrestrial uses, do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark. Do not apply when weather conditions favor drift from areas treated. Do not contaminate water by cleaning of equipment or disposal of wastes.

GENERAL INFORMATION

ANTAK Tobacco Sucker Control Agent is a carefully balanced combination of active ingredients and wetting agents (surfactants) to be used for the control of sucker growth of all types of tobacco. The concentrated product is diluted with water to form a creamy emulsion which is applied as a coarse spray. The emulsion is effective only when it comes in direct contact with suckers; therefore, the material is applied alone, or can be followed by a systemic sucker control agent in a dual treatment program.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.
Do not apply this product through any type of irrigation system.

REENTRY

Do not enter treated areas without protective clothing until sprays have dried.
Because certain states may require more restrictive reentry intervals for various crops treated with this product, consult your State Department of Agriculture for further information.

FARMWORKERS SAFETY STATEMENT

Written or oral warnings must be given to workers who are expected to be in a treated area or in an area about to be treated with this product. (Indicate specific oral warnings which inform workers of areas or fields that may not be entered without specific protective clothing, period of time field must be vacated and appropriate actions to take in case of accidental exposure). When oral warnings are given, warnings shall be given in a language customarily understood by workers. Oral warnings must be given if there is reason to believe that written warnings cannot be understood by workers. Written warnings must include the following information: WARNING - Area treated with Fatty Alcohols on (date of application). Do not enter without