

28293-166

1-21-2002

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number
284957

Application for Pesticide - Section I

1. Company/Product Number Unicorn Laboratories/ 28293-166	2. EPA Product Manager George LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Unicorn Laboratories/ Tick Spray II	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) Unicorn Laboratories 12385 Automobile Blvd. Clearwater, FL 33762 <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 _____	NOTIFICATION JAN 21 2002
<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 label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 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 guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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 <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 Lee Tharrington	Title Director, Regulatory Affairs	Telephone No. (Include Area Code) (727) 576-4545
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 Director, Regulatory Affairs	
4. Typed Name Lee Tharrington	5. Date 1/15/02	

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"> • Call a poison control center or doctor immediately for treatment advice. • Have person sip a glass of water if able to swallow. • Do not induce vomiting unless told to do so by a poison control center or doctor. • Do not give anything by mouth to an unconscious person.
IF IN EYES	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. • Call a poison control center or doctor for treatment advice.
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. • Call a poison control center or doctor for treatment advice.
IF INHALED	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. • Call a poison control center or doctor for further treatment advice.
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	

DIRECTIONS FOR USE

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

Use of protective gloves or mitts is recommended to prevent contact with hands.

HOLD CONTAINER UPRIGHT. SHAKE WELL BEFORE USING

This product will kill fleas up to 14 days on dogs and cats and will kill ticks for 4 days on dogs and 9 days on cats.

Spray the animal from a distance of 8-12 inches. Start spraying at the tail, moving the dispenser rapidly and making sure the animal's entire body is covered, including the legs and under the body. Fluff the hair as you spray so the spray will penetrate to the skin. The spray should wet the ticks thoroughly. Do not spray in face, eyes or on genitalia. Reapply every week as necessary.

For cats apply at the rate of 1 second per pound of body weight. For dogs apply at the rate of 2 seconds per pound of body weight for thin or short-haired dogs and up to 8 seconds per pound of body weight for heavy or long-haired dogs.

Do not use this product in or on electrical equipment due to the possibility of shock hazard.

STORAGE AND DISPOSAL

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

DISPOSAL: If empty - Do not reuse this container. If partially filled - Call your local solid waste authority for disposal instructions. Never place unused product down.