



United States
Environmental Protection Agency
 Washington DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
NOTIFICATION
249036

Application for Pesticide - Section I

1 Company/Product Number 32807-24	2 EPA Product Manager Joanne P. Miller	3 Proposed Classification <input checked="" type="checkbox"/> Non ID <input type="checkbox"/> Restricted 249036
4 Company/Product (Name) EXCEL-N-PLUS w/Crabgrass Control Plus Lawn Food	PM# 23	
5 Name and Address of Applicant (Include ZIP Code) HOWARD JOHNSON'S ENTERPRISES, INC. P.O. BOX 2990 MILWAUKEE, WI 53201 <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 > N/A Product Name > N/A	

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

NOTIFICATION
 MAR 24 1996

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

- > Notification: PR NOTICE 93-8.
- > 1. To revise the wetlands statement by NOTIFICATION to read:
- > Do not apply directly to water.
- >
- >

Section - III

1 Material This Product Will Be Packaged In				2 Type of Container	
Child Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	> <input type="checkbox"/> Metal ----->metal > <input checked="" type="checkbox"/> Plastic ----->plastic > <input type="checkbox"/> Glass ----->glass > <input checked="" type="checkbox"/> Paper ----->paper > <input type="checkbox"/> Other (Specify) _____ > other		
* Certification must be submitted		If "Yes" Unit Packaging wgt	No per container	If "Yes" Package wgt	No per container
3 Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4 Size(s) Retail Container 20; 40; 50 lbs.		5 Location of Label Directions <input checked="" type="checkbox"/> On Label ->on label <input type="checkbox"/> On Labeling accompanying product	
6 Manner in Which Label is Affixed to Product <u>Litho or Adhesive</u>			<input checked="" type="checkbox"/> Lithograph <input checked="" 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 H. R. MCLANE, INC. By H. R. McLane:	Title Authorized Agent Howard Johnson's	Telephone No. (Include Area Code) 305 661 1706; 800 643 4656	
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.			8 Date Application Received (Stamped)
2 Signature 	3 Title Authorized Agent		
4 Typed Name Alex Antonio, General Manager	5 Date FEB 23 1996		