

8/30/95

PM 21

34704-22

PP 172

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460
NOTIFICATION

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

OPP Identifier Number
235832

Application for Pesticide - Section I

1. Company/Product Number 34704-22	2. EPA Product Manager Connie B. Welch	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Clean Crop Captan 7.5 Dust Fungicide	PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Platte Chemical Co. 150 S. Main St., Fremont, NE 68025-5697 SEND ALL CORRESPONDENCE TO: PO BOX 667 GREELEY CO 80632-0667 <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 of addition of sentence "covered under U.S. Patent number 5007953" under the net weight on the label. No other additions or deletions have been made to this label. This patent number is for the Alder Bark diluent used in this product.

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
* Certification must be submitted	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container	<input type="checkbox"/> Glass
					<input type="checkbox"/> Paper
					<input type="checkbox"/> 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 J. Allen Dunlap III	Title Registration Manager Insecticides & Fungicides	Telephone No. (Include Area Code) (970) 356-6400 X283
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 Registration Manager Insecticides & Fungicides	
4. Typed Name J. Allen Dunlap III	5. Date August 23, 1995	