


AM 13 39039-7

1042

Please read Instructions on reverse before completing form. Form Approved OMB No. 2070-0060. Approval expires 11-30-93

<b>(A)</b> 	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  205215
	<b>Application for Pesticide:</b>		
	<b>Section I</b>		

1. Company/Product Number 39039-7	2. EPA Product Manager George LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) BRUTE <sup>TM</sup> Pour-on for Cattle	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) Y-TEX Corporation PO Box 1450 1825 Big Horn Ave. Cody, WY 82414 <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 _____	

<b>Section II</b>	
<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.)

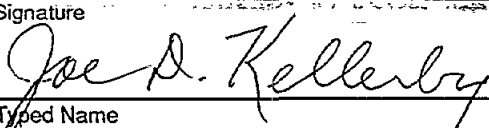
NOTIFICATION PER PR NOTICE 88-6

Addition of the statement "Shake Well before using" to the Directions for Use.

NOTIFICATION  
JUN 4 1996

<b>Section III</b>				
1. Material This Product Will Be Packaged In:				
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input 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	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted.		If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container 16 fl. oz. and 1 gallon		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner In Which Label Is Affixed To Product <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other (_____)				

<b>Section IV</b>		
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Michael G. Fletcher	Title Product Development Manager	Telephone No. (Include Area Code) 307-587-5515

<b>Certification</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 (Stamped) MAY 28 P 3:50 RECD EPA/OPP/DPDI
2. Signature 	3. Title Director-Specialty Products	
4. Typed Name Joe D. Kellerby	5. Date May 20, 1996	