

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460



Office of Pesticide Programs

AUG 23 2012

Lanxess Corporation
111 RIDC Park West Drive
Pittsburgh, PA 15275-1112

Attention: Dee Wilson
Regulatory Affairs Specialist, MPP

Subject: Veriguard 3003
EPA Registration No. 39967-117
Notification Dated July 12, 2012

This will acknowledge receipt of your notification, submitted under the provisions of FIFRA Section 3(c)(9). Based on a review of the submitted material, the following comments apply.

Proposed Notification

- Removal of Warranty Statement on Label

General Comments

The Notification is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Martha Terry at (703) 308-6217.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Swindell".

Marshall Swindell
Product Manager (33)
Regulatory Management Branch 1
Antimicrobials Division (7510P)

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United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number _____
Application for Pesticide - Section I			
1. Company / Product Number 39967-117		2. EPA Product Manager M. Swindell	
4. Company / Product (Name) Veriguard 3003		PM# 33	
5. Name and Address of Applicant (include ZIP Code) LANXESS Corporation 111RICD Park West Drive Pittsburgh, PA 15275 <input type="checkbox"/> Check of this is a new address		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted 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.) <small>NOTIFICATION as per PR Notice 98-10 Sec. II (J): change (removal) in Warranty Statement due to inconsistencies with 40 CFR Part 156. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes that require a notification or amendment have been made to the labeling or the CSF 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 terms of PR Notice 98-10 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.</small>			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. _____	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package Wgt. _____	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		No. per container _____	No. per container _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) retail Container 5 gal.pail, 55 gal.drum, 275 gal.IBC	
5. Location of Label Directions on container			
6. Manner in Which Label is affixed to Product <input checked="" 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 Dee Wilson		Title Regulatory Affairs Specialist	
		Telephone No. (include Area Code) 412-809-3552	
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) <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED (Stamp area) </div>
2. Signature 		3. Title Regulatory Affairs Specialist	
4. Typed Name Dee Wilson		5. Date 9-Jul-12	

