

43419-2

1/14/2008

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF
REGISTRATION, PESTICIDES AND
TOXIC SUBSTANCES

001

JAN 14 2008

Ms. Karen Pither
Regulatory Pither
Aeroxon, Inc.
2125 Center Avenue – Suite 507
Fort Lee, NJ 07024

RE: Notification to include a second US Distributor and to delete the phone number for
Aeroxon, Inc.
EPA Registration Number: 43419-2
Date of Submission: December 7, 2007

Dear Ms. Pither:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated, December 7, 2007, for the product, Aeroxon Inc. (Window Fly Killer). The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Joyce Edwards of my staff at 703-308-5479.

Sincerely,

Linda Arrington
Notifications & Minor Formulations Team Leader
Registration Division (7505P)
Office of Pesticide Programs

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Aeroxon Inc.. (43419-E) <i>2</i>	2. EPA Product Manager Kabel Bo Davis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Aeroxon Inc. (Window Fly Killer)	PM# <i>07</i>	
5. Name and Address of Applicant (Include ZIP Code) Aeroxon, Inc. 2125 Center Avenue Suite 507 Fort Lee, NJ 07024 <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: <input checked="" type="checkbox"/> 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.

NOTIFICATION
JAN 14 2008

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

Stamped label has been modified to include a second US distributor as well as to delete the phone number for Aeroxon, Inc.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container 2	If "Yes" Package wgt. No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container	4. Size(s) Retail Container 2 units per pac	5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product			
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 Karen Pither	Title Regulatory Consultant	Telephone No. (Include Area Code) (816) 455-3429
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 <i>Karen Pither</i>	3. Title Regulatory Consultant	
4. Typed Name Karen Pither	5. Date Dec 7, 2007	



Email: pither@sbcglobal.net
 Cell Phone: (816) 392-5076

Pither Consulting, L. L. C.
Consultant in Regulatory Science
 Specialist in North American Pesticide Registration



5813 N Kensington St
 Kansas City, MO
 64119
 (816) 455-3429

December 7, 2007

Document Processing Desk (NOTIF)
 Office of Pesticide Programs (7504C)
 U.S. Environmental Protection Agency
 1200 Pennsylvania Ave. NW
 Washington, D.C.
 20460

Dear Sir or Madam:

Enclosed please find an application for label notification for an EPA registered product: Aeroxon Window Fly Killer (EPA Reg. No. 43419-E). There are two modifications that were made to the EPA approved label.

1. An additional US distributor was added to the last page along with the appropriate contact information.
2. The Aeroxon Inc. telephone number was deleted, as this office is an administrative branch only. Aeroxon wishes all calls relating to the use of the product to be placed to their respective US distributor.

All changes to the label have been made in red with language that has been deleted struck-through and added language in {}.

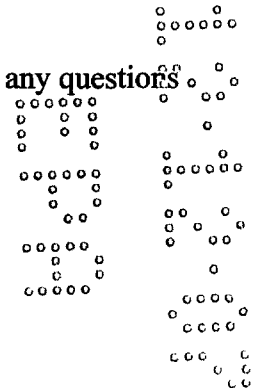
This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the 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.

Please contact me at (816) 455-3429 or pither@sbcglobal.net if there are any questions relating to this notification.

Sincerely,

Karen Pither

Karen Pither
 Pither Consulting, LLC



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Date Revised: 12-07-07

Window Fly Killer

Effective, Decorative and Odorless
Attracts and Kills Houseflies
Contains an Attractant Proved to be Effective
Effective Product You Can Trust
No Sticky Mess
"NEW" in jagged circle logo

NOTIFICATION

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KEEP OUT OF REACH OF CHILDREN

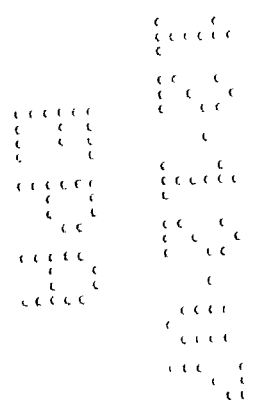
CAUTION

SEE BACK FOR FIRST AID STATEMENTS

ACTIVE INGREDIENT:

Imidacloprid, 1-[6-chloro-3-pyridinyl)methyl]- N-nitro-2-imidazolidinimine.....	4.30%
Z-9 tricosene.....	0.21%
OTHER INGREDIENTS:.....	95.49%
TOTAL:.....	100.00%

Contains: 2 (or 3, 5 or 6) Stickers with 7.5 mg active ingredient each



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STOP: READ ENTIRE LABEL BEFORE USE

Precautionary Statements

Hazards to Humans & Domestic Animals

CAUTION

Keep out of reach of children. Causes moderate eye irritation. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco.

FIRST AID	
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.

Directions for Use

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

For use on houseflies. Aeroxon Window Fly Killer ("Sticker") is not approved for use on other types of flies. No release of insecticides or fumes into the air. The Sticker is a decorative window Sticker treated with a bait to control house flies. It is to be placed on the inside of a window. Houseflies are attracted to the surface where they come into contact with the active ingredient and are killed from ingesting the active ingredient. The dead houseflies do not stick to the surface. Dead flies should be removed by using a hand brush and disposing the flies in household garbage or by vacuum cleaning.

Do not allow children or pets to play with the Sticker. Place the Sticker out of reach of children. Remove the white front protective paper. Peel off the decorative window Sticker from the backing sheet. Place one Sticker per room in a window with the greatest sun exposure. For high infestations or quicker results, place a Sticker in each window within the room. Place the Sticker high on the inside of the windowpane. Once applied, keep the Sticker dry. Do not wipe the Sticker! Protect the Sticker against condensation moisture. Do not use on skylights.

Keep unused Sticker dry and frost-free in the original packaging. Keep outer container until the last Sticker is disposed. For maximum efficacy, replace Sticker every six months.

Storage and Disposal

Storage: Store in original containers in cool, dry place. Store out of reach of children.

Disposal: Securely wrap original container in several layers of newspaper and discard in trash.

EPA Reg. No. 43419-E

EPA Est. No. 043419-CHK-001
Made in the Czech Republic

Aeraxon, Inc.
2125 Center Avenue
Suite 507
Fort Lee, NJ 07024
1-866-416-6660
www.aeraxon.us

Distributor Information: Distributed by Tanglefoot

OR
{Questions or Comment?
Winston Company, Inc.
7704 E. 38th Street
Tulsa, OK 74145
Toll Free: 800-331-9099
www.winstoncompany.com}