

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 6-30-90.



United States Environmental Protection Agency
Office of Pesticide Programs (TS-767)
Washington, DC 20460

OPP Identifier Number

Application for Pesticide: Registration Amendment

113959

Section I

1. Company/Product Number 49396-5	2. Date 06/27/95	3. Product Manager	4. Proposed Classification <input checked="" type="checkbox"/> General <input type="checkbox"/> Restricted
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5. Name and Address of Applicant (Include ZIP Code)

CHEMCO PRODUCTS, INC.
1349 Grand Oaks Drive
Howell, MI 48843

Check if this is a new address

6. Product Name
A-300

Section II - Amendment Information

1. Subject	Date of Letter
<input type="checkbox"/> Resubmission in response to Agency letter <input type="checkbox"/> Final printed label in response to Agency letter <input checked="" type="checkbox"/> Other (explain below)	06/27/95

PR Notice 93-10 to revise effluent discharge statements.

Section III

1. Material This Product Will Be Packaged In		2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Unit package wgt No. per container	Water-Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Package weight No. per container	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container 5, 15, 30, 55 gallons		
5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On material 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 checked="" type="checkbox"/> Other (Specify) Adhesive backed paper	

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).

Name: Linda Strugala

Title: Technical Director Telephone No. (Include Area Code): (517) 546-7800

6. Date Application Received (Stamped)

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.

2. Signature: [Signature] 3. Title: Technical Director

4. Typed Name: Linda Strugala 5. Date Signed: 6/26/95

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