

50404-5

5-28-2003

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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

<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 50404-5	2. EPA Product Manager George T. LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Permethrin Arthropod Repellent	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) Coulston Products Inc. c/o Scientific Coordination, Inc. 4629 Cherry Valley Drive Rockville, MD 20853 <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.

NOTIFICATION

MAY 28 2003

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

"Notification of Alternate Pesticide Producing Establishment, per PR Notice 98-10." 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 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."

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
		If "Yes" Package wgt.	No. per container	<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 3, 6, 9, 12, 15 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> Label	
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Stenciled		<input type="checkbox"/> Other shrink wrap	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Timothy H. Dickens, Ph.D.	Title Registered Agent	Telephone (No. include Area Code) 301-570-4390
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.		7. Date Application Received (Stamped)
2. Signature <i>Timothy H. Dickens</i>	3. Title Registered Agent	
4. Typed Name Timothy H. Dickens, Ph.D.	5. Date <i>May 21, 2003</i>	

Scientific Coordination, Inc.
Helping Technology Transfer
4629 Cherry Valley Drive
Rockville, MD 20853
May 21, 2003

Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Room 266A, Crystal Mall 2
1921 Jefferson Davis Highway
Arlington, VA 22202-4501

Subject: Permethrin Arthropod Repellent
EPA Reg. No. 50404-5
"Alternate Pesticide Producing Establishment"

Dear Sir or Madam:

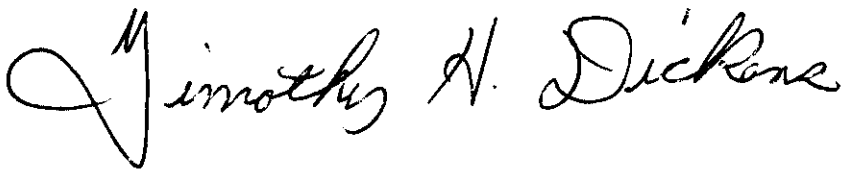
Enclosed, please find the following:

- 1) Application for Pesticide (Other), EPA Form 8570-1
- 2) Five (5) draft labels.

Our client, Coulston Products Incorporated, propose an Alternate Pesticide Producing Establishment, for the subject product.

As you have questions or comments regarding this submission please do not hesitate to contact me at (301) 570-4390.

Sincerely,



Timothy H. Dickens, Ph.D.
Registered Agent

encl./as listed

SEARCHED	INDEXED
SERIALIZED	FILED
MAY 21 2003	
FBI - ROCKVILLE	

NSN6840-01-278-1336
CAGE 0C4A6

**PERMETHRIN ARTHROPOD
REPELLENT**

Insect Repellent, Clothing Treatment
1 Each

DLAXXX-XX-X-XXXX
AXX/XX

DO NOT APPLY TO SKIN

KILLS/REPELS MOSQUITOES AND TICKS

For use and Distribution within the Department of
Defense Only

Field Clothing and Mosquito Netting Only.

ACTIVE INGREDIENT:

Permethrin• 0.50%

OTHER INGREDIENTS: 99.50%

TOTAL: 100.00%

*(3-phenoxyphenyl) methyl (+) *cis/trans* 3-
(2,2-dichloroethenyl) 2,2-dimethyl -
cyclopropanecarboxylate *Cis/Trans* Ratio:
min. 35%(+) *cis* and max. 65% (+) *trans*.

**KEEP OUT OF REACH OF CHILDREN
CAUTION**

See side panel for additional precautions.

Net Contents: 6 oz.

DIRECTIONS FOR USE

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

SHAKE WELL BEFORE USING.

To be used for treatment of field clothing and mosquito netting only. Make all applications outdoors.
Do not apply to skin. Do not treat field clothing that is being worn. DO NOT TREAT CAP

For protection against ticks and mosquitoes, select an outdoor area protected from the wind, spray outer surfaces of clothing (while not being worn) and mosquito netting with a slow sweeping motion to lightly moisten the surface of the fabric. Treat the clothing for a minimum of 30 seconds on each side and allow 2 hours (4 hours under humid conditions) to dry prior to being worn. Hold can at a distance of 6 to 8 inches from the object being treated. Treatment should moisten the surface of the fabric enough to cause a slight color change. Use approximately 3/4 of this container to treat one complete set of field clothing. Use remainder on mosquito netting.

Treat the entire outside surface of clothing with special attention to sock, trouser cuffs, and shirt cuffs. Pant cuffs should be worn inside the socks or footwear to ensure full protection against ticks and chiggers. This item must be used in conjunction with the standard issue repellent approved for application to exposed skin areas to achieve maximum protection from mosquitoes. Follow standard laundering procedures weekly. Reapply after six weeks and sixth laundering.

DISPOSAL

Do Not Puncture or Incinerate! **If empty:** Place in trash or offer for recycling if available. **If partly filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS
CAUTION**

Avoid contact with face, eyes, or skin. Avoid breathing vapors or spray mist. Wash thoroughly after handling and before eating or smoking. Do not allow contact with treated surfaces until spray has dried. Do not allow spray to contact food, or water supplies. Thoroughly wash dishes and food handling utensils contaminated with this product.

First Aid

If Inhaled	<ul style="list-style-type: none"> ▪ Remove affected person to well ventilated area, if not already done. ▪ If person is not breathing, call medical officer or personnel or 911, then give artificial respiration, preferably by mouth-to-mouth, if possible. ▪ Call a medical officer, poison control center or doctor for further treatment advice.
If On Skin	<ul style="list-style-type: none"> ▪ Wash affected areas of skin with soap and water. ▪ Call a medical officer, poison control center or doctor for further treatment advice.
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 medical officer, poison control center or doctor for further treatment advice.
<p>Have product container with you when calling for help or going for treatment. Questions ??? : 800-940-4464 , Weekdays from 9-5 EST.</p>	

NOTE: The First Aid statement's grid format will be used if market label space permits; otherwise a paragraph format will be used.

Physical Hazards

Contents under pressure. Do not use or store near heat or open flame. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting.

Manufactured and Marketed By:

Coulston Products Incorporated, P.O. Box 30, Easton, PA 18044-0030

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EPA Reg. No. 50404-5

EPA Est. No. 49830-GA-1 OR 19100-OH-1 UPC BAR CODE

NOTIFICATION

MAY 28 2003