

50404-6

5-28-2003

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080, Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 50404-6	2. EPA Product Manager George T. LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) COULSTON'S ® PERMETHRIN TICK 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:					
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		2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
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.		3. 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 May 21, 2003	

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: Coulston's® Permethrin Tick Repellent
EPA Reg. No. 50404-6
"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, proposes 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

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COULSTON'S

DIRECTIONS FOR USE

PERMETHRIN TICK REPELLENT

REPELS & KILLS TICKS AND MOSQUITOES
EFFECTIVE FOR 6 WEEKS • NONSTAINING
APPLIES AND DRIES ODORLESS

PERMETHRIN ODORLESS, NONSTAINING
A TREATMENT FOR CLOTHING AND TENTS
A TREATMENT FOR CLOTHING AND GEAR

DO NOT APPLY TO SKIN

ACTIVE INGREDIENT:

PERMETHRIN* 0.50%

INERT 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 back panel for additional precautions.

Net Contents: 6 oz.

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **SHAKE WELL BEFORE USING. This product should not be applied to clothing while it is being worn. Under no circumstances should bare skin or clothing on the body be treated.** Do not spray directly on or otherwise allow to come in contact with skin, face, or eyes. This product is to be used as a clothing and gear treatment only. In case of accidental spraying of skin, face or eyes, see "First Aid" below. Make all applications outdoors.

For six week protection against ticks and mosquitoes, select an outdoor area protected from the wind, spray outer surfaces of clothing (while not being worn) with a slow sweeping motion to lightly moisten the surface of the fabric, holding can at a distance of 6 to 8 inches. (A complete outfit consists of shirt, trousers, and socks.) Treat each item of 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. Pay particular attention to socks, trouser cuffs, and shirt cuffs. 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 clothing. Use remainder on gear.

NETS, TENTS, SLEEPING BAGS, BACKPACKS AND GROUND CLOTHS: Do not treat inside of sleeping bag. Spray exterior surfaces of tent only. Select a well-ventilated outdoor area protected from wind and lay out gear to be treated. Hold can upright about 6 to 8 inches from surface of the article and spray with a slow sweeping motion to lightly moisten the surface of the fabric. Continue spraying over entire article, until the outer surface of the article is moist enough to cause a light color change (darkening). Turn the article over and treat the other side. Hang treated gear and allow to dry for at least 2 hours (4 hours under humid conditions) before using.

Do not retreat clothing or gear more than once every six weeks. In heavily infested areas protection from ticks will be improved by either wearing the cuffs inside footwear or taping pant cuffs around legs. Protection from mosquitoes can be further enhanced by applying an EPA approved repellent to face, hands and other exposed areas of the body.

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

Do not allow use by small children without close adult supervision. 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 to contact food or water supplies. Thoroughly wash dishes and food handling utensils contaminated with this product.

First Aid

If Swallowed	<ul style="list-style-type: none"> * Call a poison control center or doctor immediately for treatment advice. * Have person sip a glass of water if able to swallow. * Do not induce vomiting unless told to do so by a poison control center or doctor. * Do not give anything by mouth to an unconscious person.
If On Skin	<ul style="list-style-type: none"> * Rinse skin immediately with plenty of water for 15-20 minutes. * Call a poison control center or doctor for further treatment advice.
If Inhaled	<ul style="list-style-type: none"> * Move person to fresh air, if not already done. * If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. * Call a 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 poison control center or doctor for further treatment advice.
Have the product container or label with you when calling a poison control center or doctor, or going for treatment	

NOTIFICATION

MAY 28 2003

Physical or Chemical 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.

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Buyer assumes all risks of use, storage or handling of this product not in strict accordance with directions given herewith.

Manufactured and Marketed By:
Coulston Products Incorporated
P.O. Box 30, Easton, PA 18044-0030
Made in U.S.A.

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EPA Reg. No. 50404-6
EPA Est. No. 49830-GA-1 OR 19100-OH-1



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