

50404-7

05/22/1996

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Please read instructions on reverse before completing form.

Form Approved, MB No. 2070-0060. Approval expires 05-31-98



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number  
242083

Application for Pesticide - Section I

|   |  |  |
|---|--|--|
| 1. Company/Product Number<br>50404-7  | 2. EPA Product Manager<br>G. T. LaRocca  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>CIC Residual Pressurized Insecticide No. V   | PM#<br>13  |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Coulston Products Incorporated<br>P. O. Box 30<br>Easton, PA 18044-0030<br><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:<br>EPA Reg. No. _____<br>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 type="checkbox"/> Notification - Explain below.                         | <input checked="" type="checkbox"/> Other - Explain below.                             |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
Please add the following brand name to EPA Reg. No. 50404-7:  
Coulston's Duranon Tick & Flea Killer for Dogs

NOTIFICATION  
MAY 22 1996

Section - III

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| 1. Material This Product Will Be Packaged In:  |  |   |  | 2. Type of Container   |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | <input checked="" 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<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container  |  | 4. Size(s) Retail Container<br>3, 6, 9, 12, 15 oz   |  | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product |   |
| 6. Manner in Which Label is Affixed to Product<br><input checked="" type="checkbox"/> Lithograph<br><input checked="" type="checkbox"/> Paper glued<br><input checked="" type="checkbox"/> Stenciled |  |   | <input checked="" type="checkbox"/> Other Plastic Shrink Label |  |   |

Section - IV

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)   |  |   |  |   |   |
| Name<br>Timothy H. Dickens  |  | Title<br>Regulatory Consultant/Agent    |  | Telephone No. (Include Area Code)<br>1-301-570-4390 |   |
| Certification<br>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<br>(Stamped) |
| 2. Signature<br><i>Timothy H. Dickens</i>   |  | 3. Title<br>Regulatory Consultant/Agent |  |   |   |
| 4. Typed Name<br>Timothy H. Dickens   |  | 5. Date<br>22 August 1995               |  | SIB 7/15/96   |   |

#### DIRECTIONS FOR USE

For application of Duranon to the fur of dogs, spray the animal's coat with the following:

Duranon has been designed specifically for use on all large & small dogs using the same technology as the other products in the line of Coulston's Duranon's tick repellent, effective treatment of Duranon's mosquitoes and fleas and may be used effectively on retrievers, hounds, beagles, setters, other pure bred as well as all household dogs.

#### SHAKE WELL BEFORE USING

to control Fleas, Ticks and Lice on Dogs: Start from the tail stroke against the lay of the hair, spraying the parted fur in short bursts, directly behind the hand to insure penetrating the coat. Dampen the fur up to the head. Repeat application weekly if necessary to control flea infestations. **NOTE:** Not recommended for use on puppies less than four weeks old. To control Fleas and Ticks (Adult and Larvae) in kennels, at home & in automobiles. Remove and thoroughly clean or destroy pet bedding. Spray pet sleeping quarters, bed, entire floor and floor covering with special attention to cracks and crevices around baseboards, and window and door frames. Infested upholstered furniture may also be treated with this product. A test application should be made to upholstery or drapery fabrics in an inconspicuous place before use. For effective flea control, wait 4 hours after spraying & vacuum. Discard vacuum bag immediately. Repeat weekly until flea cycle has been broken.

#### STORAGE AND DISPOSAL

Store in a cool, dry area away from heat or open flame. Do not transport or store below 32°F. Wrap container in newspaper & discard in trash. Do not incinerate or puncture.

#### PRECAUTIONARY STATEMENTS

##### HAZARD TO HUMANS & DOMESTIC ANIMALS

##### CAUTION

Harmful if swallowed. Avoid spraying in eyes. Avoid breathing spray mist. Avoid contact with skin. Wash hands thoroughly after use. Vacate rooms after treatment & ventilate before reoccupying. Avoid contamination of feed & feedstuffs. Clean or remove fishbowls. **THIS PRODUCT IS NOT FOR USE ON HUMANS.** Consult either your physician or pharmacist for a product for use on humans. Do not spray directly in/on eyes, mouth or genitalia of pets. Do not cause exposure to people less than four weeks old. Do not allow children or pets to contact treated areas until surfaces are dry.

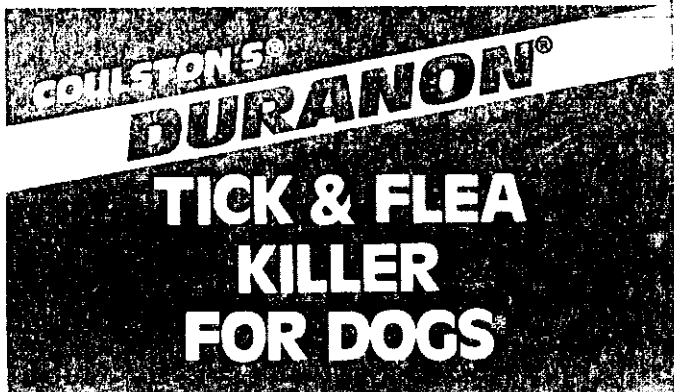
#### STATEMENT OF PRACTICAL TREATMENT

**IF SWALLOWED:** Drink one or two glasses of water and induce vomiting by touching the back of the throat with finger. Repeat until vomit fluid is clear. Call a physician immediately. Do not induce vomiting or give anything by mouth to an unconscious person. **IF INHALED:** Remove affected person to fresh air. **IF IN EYES:** Flush with plenty of water. Contact a physician if irritation persists. **IF ON SKIN:** Wash affected areas immediately with soap & water. Get medical attention if irritation persists.

**PHYSICAL OR CHEMICAL HAZARDS:** Contents under pressure. Do not use or store near heat or open flame. Do not puncture or incinerate. Exposure to temperatures above 130°F may cause bursting. Do not smoke while using this product.

Manufactured and Marketed By  
**COULSTON PRODUCTS  
INCORPORATED**  
P.O. BOX 30  
EASTON, PA 18044-0030

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**ODORLESS  
REPELS & KILLS BUGS ALL DAY  
Specially Designed For  
Hunting & Field Dogs**



ACTIVE INGREDIENTS  
\*Permethrin 0.50%  
INERT INGREDIENTS 99.50%  
100.00%  
1-(3-phenoxyphenyl)methyl + / - cis/trans 3-(2,2-dichloroethoxy)-  
2,2-dimethyl-1-cyclopropanecarboxylate Cis/Trans ratio: Min. 35%  
+ / - 1 cis and max. 65% + / - 1 trans EPA Reg. No. 50404-7.

**KEEP OUT OF REACH OF CHILDREN  
CAUTION**  
See Additional Precautions On Back Panel  
NET CONTENTS 3 oz

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