



50534-201

2-9-2001

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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

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number  
254747

**Application for Pesticide - Section I**

1. Company/Product Number 50534-201	2. EPA Product Manager Giles-Parker	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Bravo Ultrex	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) GB Biosciences Corp. 1800 Concord Pike Wilmington, DE 19850 <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**

FEB 09 2001

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

Notification submission of supplemental labels containing changes from you recent approval letter.

**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal <input 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 type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input 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 Fred Pearson		Title Agent, GBB Corporation		Telephone No. (include Area Code) (302) 476-2330	
<b>Certification</b> 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 		3. Title Agent, GBB Corporation			
4. Typed Name Fred Pearson		5. Date January 31, 2001			

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# GB BIOSCIENCES™ CORPORATION

**FEDERAL EXPRESS**

January 31, 2001

Ms. Cynthia Giles-Parker  
Product Manager - Team 22  
Fungicide Branch  
Registration Division ( **H7505C** )  
Office of Pesticide Programs  
U.S. Environmental Protection Agency  
Crystal Mall 2, Room 266A  
1921 Jefferson Davis Highway  
Arlington VA 22202

1800 Concord Pike  
P.O. Box 15458  
Wilmington, DE 19850-5458  
Telephone (302) 886-1233  
Fax (302) 886-1572

Dear Ms. Giles-Parker:

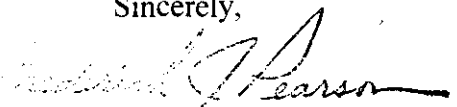
Subject: **BRAVO Ultrex Agricultural Fungicide**  
**EPA Reg. No. 50534-201**  
**NOTIFICATION: Supplemental Labeling**

GB Biosciences Corporation (GBB) herein submits via NOTIFICATION five (5) copies of Supplemental labeling for the above subject product. This labeling contains the changes from your recent approval letter.

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.

We trust that you will find this submission in order; however, should you have any questions, please contact me at (302) 476-2366 or via e-mail at [Fred.Pearson@syngenta.com](mailto:Fred.Pearson@syngenta.com).

Sincerely,

  
Fred J. Pearson  
Regulatory Product Manager, Zeneca Ag Products Inc.  
Agent for GB Biosciences Corporation  
Encl.

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# PRODUCT INFORMATION

## ZENECA Ag Products

ZENECA Ag Products Inc.  
Hotline 1-800-759-2500  
zenecaagproducts.com

### SUPPLEMENTAL LABEL: REVISED PERSONAL PROTECTIVE EQUIPMENT (PPE) LANGUAGE AND AGRICULTURAL USE REQUIREMENTS.

**BRAVO ULTREX®**  
**Agricultural Fungicide**  
**EPA Reg. No. 50534-201-10182**

**NOTIFICATION**

FEB 09 2001

### DIRECTIONS FOR USE

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

DO NOT apply this product in a way that will contact workers or other persons, or pets either directly or through drift. Only protected handlers may be in the area during application. For any requirements specific to your State or Tribe, consult the agency responsible for pesticide regulation.

#### Personal Protective Equipment (PPE):

Mixers, loaders, applicators and all other handlers must wear:

- long-sleeved shirt and long pants,
- chemical resistant gloves made of any waterproof material - Category A (e.g. barrier laminate, butyl rubber, nitrile rubber, neoprene rubber, natural rubber, polyethylene, polyvinyl chloride (PVC) or viton).
- shoes plus socks,
- protective eye wear,
- and a dust/mist filtering respirator (MSHA/NIOSH approval number prefix TC-21C), or a NIOSH approved respirator with any N, R, P or HE filter.

Discard clothing and other absorbent materials that have been drenched or heavily contaminated with this product's concentrate. DO NOT reuse them. Follow manufacturer's instructions for cleaning/maintaining PPE. If no such instructions for washables, use detergent and hot water. Keep and wash PPE separately from other laundry.

When handlers use closed systems, enclosed cabs, or aircraft in a manner that meets the requirements listed in the Worker Protection Standard (WPS) for agricultural pesticides [40 CFR 170.240 (d) (4-6)], the handler PPE requirements may be reduced or modified as specified in the WPS.

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#### User Safety Recommendations

Users should:

- Wash hands before eating, drinking, chewing gum, using tobacco or using the toilet.
- Remove PPE immediately after handling this product. Wash the outside of gloves before removing. As soon as possible, wash thoroughly and change into clean clothing.
- Remove clothing immediately if pesticide gets inside. Then wash thoroughly and put on clean clothing.

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#### **AGRICULTURAL USE REQUIREMENTS**

Use this product only in accordance with its labeling and with the Worker Protection Standard, 40 CFR part 170. This Standard contains requirements for the protection of agricultural workers on farms, forests, nurseries, and greenhouses and handlers of agricultural pesticides. It contains requirements for training, decontamination, notification, and emergency assistance. It also contains specific instructions and exceptions pertaining to the statements on this label about personal protective equipment (PPE), and restricted-entry interval. The requirements in this box only apply to uses of this product that are covered by the Worker Protection Standard.

DO NOT enter or allow workers to enter treated areas during the restricted entry interval (REI) of 12 hours.

PPE required for early entry to treated areas that is permitted under the Worker Protection Standard and that involves contact with anything that has been treated such as plants, soil, or water, is: coveralls, chemical resistant gloves made of any waterproof material, shoes plus socks, and protective eye wear.

Special Eye Irritation Provisions: This product is a severe eye irritant. Although the restricted-entry interval expires after 12 hours, for the next 6.5 days entry is permitted only when the following safety measures are provided:

(1) At least one container designed specifically for flushing eyes must be available in operating condition at the WPS-required decontamination site intended for workers entering the treated area.

(2) Workers must be informed, in a manner they can understand:

- that residues in the treated area may be highly irritating to their eyes,
- that they should take precautions, such as refraining from rubbing their eyes, to keep the residues out of their eyes,
- that if they do get residues in their eyes, they should immediately flush their eyes using the eyeflush container that is located at the decontamination site or using other readily available clean water, and
- how to operate the eyeflush container.

**All applicable directions, restrictions and precautions on the EPA-registered label are to be followed.**

**This labeling must be in the possession of the user at the time of pesticide application.**

Bravo Ultrex<sup>®</sup> and Super Weather Stik<sup>™</sup> are trademarks of a ZENECA company.

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