

50830-1

5-17-2004

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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

NOTIFICATION

## Application for Pesticide - Section I

1. Company/Product Number 50830-1	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) The 10 Hour Insect Repellent	PM#	
5. Name and Address of Applicant (Include ZIP Code) Tec Laboratories, Inc. 7100 Tec Labs Way SW Albany OR 97321  <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. 1021-891 Product Name MGK Diethyl Toluamide	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated	NOTIFICATION MAY 17 2004
<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.	

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

General label revision of ingredient and disposal statements. Reference Product Chemistry Review Report, dated 14/MAR/03.

## Section - III N/A

1. Material This Product Will Be Packaged In:			
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	2. Type of Container <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	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		5. Location of Label Directions <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 Maria Steckley	Title Quality Assurance	Telephone No. (Include Area Code) 541-926-4577 x341	
<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 Quality Assurance		
4. Typed Name Maria Steckley	5. Date 05/05/04		

# THE 10 HOUR INSECT REPELLENT™

## REPELS:

- Mosquitoes
- Ticks
- Fleas
- Chiggers
- Gnats
- Horse Flies
- Biting Flies

KEEP OUT OF REACH OF CHILDREN  
WARNING

## ACTIVE INGREDIENT:

DEET (N, N-Diethyl-m-toluamide)  
97.9% - Refill 1 contains 52.4% DEET  
Other Inert Ingredients

Net 2 FL.OZ. (59.15 ML)



## PRECAUTIONARY STATEMENTS

**WARNING: KEEP OUT OF REACH OF CHILDREN. HAZARDS TO HUMANS:**  
May cause allergic reaction in some young children or infants. Do not apply to sunburned, damaged, or irritated skin. Do not apply to lips or get in eyes. Harmful if swallowed. May cause eye injury. May damage some synthetic or man-made materials including but not limited to plastics, telephones, eyeglasses, rain gear, furniture polish, shoe polish, paint and other synthetic products. Be careful with over-spray or spillage.

## FIRST AID

**IF SWALLOWED:** Call a physician or Poison Control Center. Drink 1 or 2 glasses of water and induce vomiting by touching back of throat with finger. Do not induce vomiting or give anything by mouth to an unconscious person.

**IF IN EYES:** Flush with plenty of water. Get medical attention.

## DIRECTIONS FOR USE:

**READ AND FOLLOW ALL DIRECTIONS AND PRECAUTIONS ON THIS PRODUCT LABEL.**  
It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. Apply a few drops or light spray on skin. Do not spray in enclosed areas. Rub evenly over exposed area if needed. For ticks and chiggers, apply to shoe tops, socks, and around openings in clothing. Do not apply over cuts, wounds, or irritated skin. Do not apply near eyes and mouth. Apply sparingly around ears. Do not apply to children's hands. Do not allow children to handle this product. When using on children, apply to your own hands and then put it on the child. If used on the face, spray on hands first and then apply sparingly and avoid eyes. Do not spray directly onto face. Use just enough repellent to cover exposed skin and/or clothing. Do not use under clothing. Avoid over-application of this product. Frequent reapplication and saturation is unnecessary for effectiveness. After returning indoors, wash treated skin with soap and water. Wash treated clothing before wearing it again. Use of this product may cause skin reactions in rare cases. If you suspect a reaction to this product, discontinue use, wash treated skin, and call your local poison control center. If you go to a doctor, take this product with you.

**FOR EXTENDED EXPOSURE:** Allow at least one "repellent free" day for every 4 to 7 days of continuous use. Wash all exposed skin daily with soap and water.

**STORAGE:** Store away from heat and flame in an area inaccessible to children.

**DISPOSAL:** If Empty: Do not reuse this container. 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. Never place unused products down any indoor or outdoor drain.

MFG. By Tec Labs Inc.  
Albany OR 97321

TEC LABS

EPA EST #50830-OR-01

EPA REG #50830-1

Questions about Tec Labs Products? Call toll free 1-800-ITCHING™

Craftsman Label's Q.C. Check-off	
Art	
Supervisor	
Cust. S/Sales	

NOTIFICATION

MAY 17 2004

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Tec Laboratories, Inc.  
7100 Tec Labs Way SW  
Albany, OR 97321-0512  
(541) 704-4444  
fax (541) 926-0218

TRANSMITTAL DOCUMENT

NAME AND ADDRESS OF SUBMITTER

Tec Laboratories, Inc.  
7100 Tec Labs Way SW  
Albany OR 97321

REGULATORY ACTION IN SUPPORT OF WHICH THIS PACKAGE IS SUBMITTED

Pesticide Notification of Label change for The 10-Hour Insect Repellent, registration number 50830-1 per PR Notice 98-10.

TRANSMITTAL DATE

May 5, 2004

LIST OF SUBMITTED DOCUMENTATION

- EPA form 8570-1 "Application for Pesticide Amendment/Notification"
- Attachment: Product Chemistry Review, dated 14/MAR/03
- Transmittal letter/document
- 5 copies of Label with changes noted

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, except as noted on the Product Chemistry Review, dated 14/MAR/03.

I 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.

Respectfully submitted,

Maria Steckley  
Quality Assurance  
Tec Laboratories, Inc.