


(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration	OPP Identifier Number 168266
		<input checked="" type="checkbox"/> Amendment	
Application for Pesticide:		<input type="checkbox"/> Other	

Section I

1. Company/Product Number 53219-3	2. EPA Product Manager Hutton	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) MVP Bioinsecticide	PM# 17	
5. Name and Address of Applicant (Include ZIP Code) Mycogen Corporation 5451 Oberlin Dr. San Diego, CA 92121 <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.

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

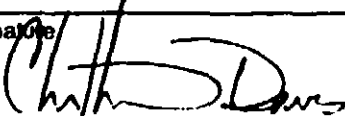
Addition of Smaller Container and Homeowner Verbiage Required By 40 CFR 156.72 and PR Notice 83-3

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Section III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input 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
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted.	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container	Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container 1 Pint, 1 Quart, 2 1/2 Gal.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner In Which Label Is Affixed To Product <input type="checkbox"/> Lithograph <input checked="" 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 Christopher Davis		Title Registration Manager		Telephone No. (include Area Code) 619-453-8030	
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.					6. Date Application Received (Stamped)
2. Signature 		3. Title Registration Manager			
4. Typed Name Christopher Davis		5. Date 3/25/92			