

PM 03

54287-2

8-28-98

1 of 2

Please read instructions on reverse before completing form.

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



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

253373

Application for Pesticide - Section I

| | | |
|--|--|--|
| 1. Company/Product Number EPA Reg. No. 54287-2 | 2. EPA Product Manager Marion Johnson, Jr. | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) SUPER GUARD | PM# 10/03 | |
| 5. Name and Address of Applicant (Include ZIP Code) ASSOCIATED REGISTRATIONS c/o RegWest Company P.O. Box 2220; Greeley, CO 80632-2220 <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

AUG 28 1998

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

Submit label revision notification as per PR Notices 94-1 and 95-2.

This notification is consistent with the provisions of PR Notice 94-1, 95-2 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 the EPA. If further understand that if this notification is not consistent with the terms of PR Notice 94-1, 95-2 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: | | | | 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"/> On Label <input type="checkbox"/> On Labeling accompanying product | |
| 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 Kim Davis, CC, APC | | Title Consultant/Agent | | Telephone No. (Include Area Code) (970) 352-9611 | |
| 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 Consultant/Agent | | | |
| 4. Typed Name Kim Davis, CC, APC | | 5. Date August 21, 1998 | | | |

2012



NOTIFICATION
AUG 28 1998

Insect Repellent
Repels
Black Flies, Chiggers, Deer Flies, Fleas, Gnats, Mosquitoes, Stable Flies and Ticks
on Exposed Skin Surfaces

100% DEET

ACTIVE INGREDIENTS:

N,N-diethyl-m-toluamide 95%
Other isomers 5%

Keep Out of Reach of Children
WARNING
See back panel for additional
precautionary statements.

Net Weight 2 FL. OZ.

[Back Panel]

DIRECTIONS FOR USE

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

Read All Directions and Precautionary Statements Before Using This Product

Use just enough repellent to cover exposed skin and/or clothing. Avoid overexposure. Do not use under clothing. Do not spray directly on face. To apply to face, spray on hands and rub on. Do not apply to eyes and mouth and do not apply to the hands of young children. Repeat as needed. Frequent reapplication and saturation is unnecessary for effectiveness. For ticks and chiggers, also apply to shoe tops, socks and around openings in clothing. After returning indoors, wash treated skin with soap and water. Wash treated clothing.

Avoid contact with plastics, such as eyeglass frames and such fabric as acetate and rayon.

Storage: Store in a cool, dry area away from heat or open flame. **Disposal:** Do not reuse empty container. Wrap container and put in trash collection.

PRECAUTIONARY STATEMENTS

Hazards to Humans & Domestic Animals

WARNING: Instruct older children in the proper use of this product. Harmful if swallowed. Do not spray on face, lips or into eyes. Do not spray in enclosed areas. Do not apply over cuts, wounds or irritation skin.

Statement of Practical Treatment

If Swallowed: Drink one or two 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 or convulsing person. Get medical attention. **In Case of Contact with Eyes:** Flush with water. Get medical attention if irritation persists. **NOTE:** Use of this product may cause skin reactions in rare cases. If you suspect that you or your child is reacting to this product wash treated skin and call your physician or local poison control center. If you go to a doctor, take this repellent with you.

EPA Reg. No. 54287-2

EPA Est. 54287-FL-1

ASSOCIATED REGISTRATIONS
P.O. Box 188; Safety harbor, FL 34695