

5/3/97

PM 01

58185-31

P.2

PS 182

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 05-31-99



United States  
Environmental Protection Agency  
Washington, DC 20460

- Registration
- Amendment
- Other

OPP Identifier Number  
**246037**

**Application for Pesticide - Section I**

1. Company/Product Number <b>58185-31</b>	2. EPA Product Manager <b>Connie Welch</b>	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Duosan @ WSB</b>	PM# <b>PM-21</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Scotts-Sierra Crop Protection Company 14111 Scottslawn Road Marysville, OH 43041</b> <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 XX-XX-XX
<input type="checkbox"/> Resubmission in response to Agency letter dated XX-XX-XX	<input type="checkbox"/> "Me Too" Application
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**NOTIFICATION**

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

MAY 3 1997

**NOTIFICATION** of "Adding Pest" per PR Notice 95-2 (see attached 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
*Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per Container	If "Yes" Package wgt.	No. per Container
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify)	
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"/> Other			
		<input type="checkbox"/> Paper glued			
		<input type="checkbox"/> Stenciled			

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name <b>Chris J. Wible</b>	Title <b>Senior Regulatory Specialist</b>	Telephone No. (Include Area Code) <b>(937) 844-7214</b>
<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 BY:	3. Title <b>Senior Regulatory Specialist</b>	
4. Typed Name <b>Chris J. Wible</b>	5. Date <b>May 6, 1997</b>	

