



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON D.C., 20460

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

May 18, 2007

Kop-Coat Inc.  
3020 William Pitt Way  
Pittsburgh, PA 15238

Attention: Kim Trealar,  
Product Registration Specialist

Subject: PETTIT MARINE PAINT UNEPOXY ANTIFOULING  
BOTTOM PAINT (Various Colors)  
- EPA Registration Number 60061-14  
- Amendment Dated April 19, 2007

This will acknowledge receipt of your notification regarding correcting your "If Swallowed" First Aid statement, submitted under the provisions of FIFRA Section 3(c) (9). Based on a review of the submitted material, the following apply:

"Correcting the wrong "If Swallowed" First Aid statement on the product label.

The Notification is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Demson Fuller at (703) 308-8062.

Sincerely,

A handwritten signature in black ink, which appears to read "M. Swindell", is written over the typed name.

Marshall Swindell  
Product Manager (33)  
Regulatory Management Branch 1  
Antimicrobials Division (7510C)

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0080, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number Kop-Coat Inc./ 60061-14	2. EPA Product Manager Marshall Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Pettit Marine Paint UNEPOXY Antifouling paint	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) Kop-Coat, Inc 1850 Koppers Building Pittsburgh, PA 15219 <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 checked="" 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.)

Kop-Coat wishes to notify the EPA by applying for amendment for revised label through Notification of PR Notice 2001-1 at the request of New York DEC

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 Gallon containers		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input checked="" 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 Treloar	Title Product Registration Specialist	Telephone No. (Include Area Code) (412) 626-3323
2. Signature 		6. Date Application Received (Stamped)
3. Title Vice President/ Technical Director		
4. Typed Name Alan S. Ross		
5. Date April 19, 2007		

**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.

3 7 3

**Kop-Coat, Inc.**

3020 William Pitt Way • Pittsburgh, PA 15238 • 412-826-3388 • FAX 412-826-3393

**KOP-COAT**

April 19, 2007

Document Processing Desk  
Office of Pesticide Programs, Registration Division (H7505c)  
U.S. Environmental Protection Agency  
Mr. Marshall Swindell, Product Manager #33  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202-4501

**SUBJECT: Application for amendment for revised label through Notification**  
**PETTIT MARINE PAINT UNEPOXY ANTIFOULING BOTTOM PAINT (Various colors)**  
EPA Registration Number 60061-14

Mr. Swindell

Kop-Coat, has been denied registration of 18 products in the state on New York because of lack the proper "IF SWALLOWED" information on the label. NYDEC contacted the USEPA on February 8, 2007(Please see enclosed letter), that these updated labels can be done through notification process. These have to be updated for these products to remain registered. This change will be incorporated with the next printing.

FIRST AID	
IF SWALLOWED:	<ul style="list-style-type: none"> <li>• Call a poison control center or doctor immediately for treatment advice.</li> <li>• Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>• Do not give any liquid to the person..</li> <li>• Do not give anything by mouth to an unconscious person</li> </ul>
IF IN EYES:	<ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
IF ON SKIN OR CLOTHING:	<ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
IF INHALED:	<ul style="list-style-type: none"> <li>• Move person to fresh air.</li> <li>• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>• Call a poison control center or doctor for further treatment advice.</li> </ul>
HOT LINE NUMBER	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-548-0489 for emergency medical treatment information.	
NOTE TO PHYSICIAN	
Contains petroleum distillates. Vomiting may cause aspiration pneumonia.	

I appreciate your assistance and if you have any questions or require further details please do not hesitate to contact me.

Sincerely yours,



Kim Treloar  
Product Registration Specialist  
Kop-Coat Inc.  
Ph: 412- 826-3323  
FX: 412-826-3393  
Email: [ktreloar@kop-coat.com](mailto:ktreloar@kop-coat.com)

An **RPM** Company