

61483-80

10/5/2010

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

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

Hubert R. O'Neal, PhD
KMG-Bernuth, Inc.
9555 W. Sam Houston Pkwy S., Suite 600
Houston, TX 77099-2168

OCT - 5 2010

Dear Dr. O'Neal:

Subject: Application for Pesticide Notification (PRN 98-10)
Revise per PR Notice 2007-4 and correct address
Patriot Insecticide Cattle Ear Tag
EPA Reg. No. 61483-80
Your submission dated September 4, 2010

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated September 4, 2010 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds the action requested falls within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

Please be reminded that 40 CFR Part 156.140(a)(4) requires that a batch code, lot number, or other code identifying the batch of the pesticide distributed and sold be placed on nonrefillable containers. The code may appear either on the label (and can be added by non-notification/PR Notice 98-10) or durably marked on the container itself.

If you have any questions regarding this letter, please contact Dana Pilitt, PhD of my staff at (703) 305-7071 or via e-mail at pilitt.dana@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Suarez", written over a white background.

Mark Suarez
Product Manager 13
Insecticide Branch
Registration Division (7505P)

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United States EPA Environmental Protection Agency Washington, DC 20460	Registration Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section 1

1. Company/Product Number 61483-80	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Patriot Insecticide Cattle Ear Tag	PM# 10	
5. Name and Address of Applicant (Include Zip Code) KMG-Bernuth, Inc. 9555 W Sam Houston Pkwy S. Ste 600 Houston, Texas 7709-2168 <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 March 10, 2006
<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.)
 Submission of label to comply with PR2007-4 and correct registrant's address.
"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. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further 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."

Section - III

1. Material This Product Will Be Packaged In:

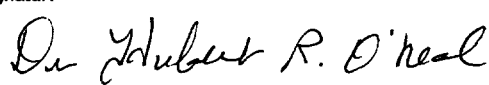
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging Wt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package Wt No. per container	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 _____)
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* Certification must be submitted

3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container	5. Location of Label Directions
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input type="checkbox"/> Paper glued <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 Dr. Hubert R. O'Neal	Title Regulatory Consultant	Telephone No. (Include Area Code) (713) 819-3932
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 Regulatory Consultant	
4. Typed Name Dr. Hubert R. O'Neal	5. Date September 4, 2010	

4096

PATRIOT DEFENSE SYSTEM INSECTICIDE CATTLE EAR TAG

**Contains Closed Tip Rivets
Apply with Allflex® Blunt Pin**

For use on Beef and Non-lactating Dairy Cattle to control Horn Flies (including pyrethroid resistant populations), Gulf Coast Ticks, Spinose Ear Ticks, and as an aid to control Face Flies, Lice, Stable Flies and House Flies.

KEEP OUT OF REACH OF CHILDREN

WARNING

See Side Panel for Precautionary Statements

Active Ingredient:	By Weight	
Diazinon (CAS #333-41-5).....	40.0%	
Other Ingredients:.....	60.0%	
Total:	100.0%	

**NOTIFICATION
OCT - 5 2010**

FIRST AID	
Contains an organophosphate that inhibits cholinesterase.	
If on skin or clothing	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes. • Call a poison control center or doctor for treatment advice
If in eyes	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15-20 minutes. • Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. • Call a poison control center or doctor for treatment advice.
If swallowed	<ul style="list-style-type: none"> • Call a poison control center or doctor immediately for treatment advice. • Have person sip a glass of water if able to swallow. • Do not induce vomiting unless told to do so by a poison control center or doctor. • Do not give anything by mouth to an unconscious or convulsing person.
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 1-800-322-8177 for emergency medical treatment information.	
NOTE TO PHYSICIAN	
This product is a cholinesterase inhibitor. If symptoms of cholinesterase inhibition are present, atropine sulfate by injection is antidotal. 2-PAM is also antidotal and may be administered, but only in conjunction with atropine.	

Net Weight: 15 Grams Per Tag
Contents: 2 Pouches of 10 Tags Each

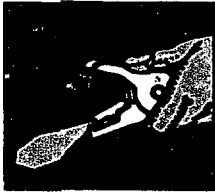


Figure 2. Slide male button on pin. Align tip of male button with female portion of tag. Tag and button are now ready for application.

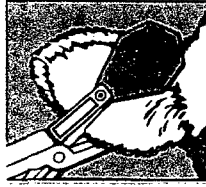
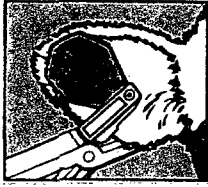


Figure 3 and Figure 4. Position tag on the inner flat surface in center of ear. Do not allow shaft of the male rivet to penetrate any cartilage rib or blood vessel or ear damage may result. We recommend that tag be rotated at a 90° angle (Fig. 3) for ease of application. Tag may also be extended outward from the plier in a straight manner (Fig. 4).

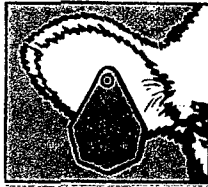


Figure 5. When properly positioned, the tag should hang as shown.

STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal.

Storage: Store in a cool place in original container. Opened pouches containing ear tags should be resealed for storage.

Pesticide Disposal: Waste (spent tags) resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

Container Disposal: : Nonrefillable container. Do not reuse or refill this container.

Dispose of empty pouch in a landfill or by incineration. Do not burn unless allowed by state and local ordinances. If burned, stay out of smoke.

WARRANTY AND LIMITATION OF DAMAGES

Seller warrants that this material conforms to its chemical description and is reasonably fit for the purposes stated on the label when used in accordance with directions under normal conditions of use and Buyer assumes the risk of any use contrary to such directions. **Seller makes no other express or implied warranty, including any other express or implied warranty of Fitness or of Merchantability, and no agent of Seller is authorized to do so except in writing and with a specific reference to this warranty.** In no event shall Seller's liability for any breach of warranty exceed the purchase price of the material as to which a claim is made.

KMG-Bernuth, Inc.
Houston, TX 77099-2168 U.S.A.
(800) 322-8177

EPA Reg. No. 61483-80
EPA Est. No. 61483-KS-001