

## **PLEASE NOTE**

**This image contains more than one label  
approved for this product on this date.**

62719-569

C 1/29/2010 C

1 of 5



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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

Mr. Diego Fonseca  
Product Registration  
Dow AgroSciences LLC  
9330 Zionsville Road  
Indianapolis, IN 46268

JAN 29 2010

SUBJECT: Application for Pesticide Notification (PRN 98-10)  
Request General Label Change (Sec 3 Supplemental Label w/ subset of uses,  
soybean)  
EPA Reg. No. 62719-569  
Application Dated November 6, 2009

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 11/06/09 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,

A handwritten signature in black ink, appearing to be "Linda Arrington".

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs

2015

Please read instructions on reverse before completing form.

Form Approved: OMB No. 2070-0060, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

|                                     |              |
|-------------------------------------|--------------|
| <input type="checkbox"/>            | Registration |
| <input type="checkbox"/>            | Amendment    |
| <input checked="" type="checkbox"/> | Other        |

OPP Identifier Number

### Application for Pesticide - Section I

|                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>Dow AgroSciences/62719-569                                                                                                                                  | 2. EPA Product Manager<br>Joanne Miller                                                                                                                                             | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Dow AgroSciences/PowerFlex®                                                                                                                                 | PM#<br>23                                                                                                                                                                           |                                                                                                            |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Dow AgroSciences LLC<br>9330 Zionsville Road<br>Indianapolis, IN 46268<br><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:<br>EPA Reg. No. _____<br>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**

**JAN 29 2010**

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

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:                                                                                                                       |                                                                               |                                                                                        |                                                      | 2. Type of Container                                                           |                                                                                                                                                                                          |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                            | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If "Yes"<br>Unit Packaging wgt.    No. per container |                                                                                | <input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| * Certification must be submitted                                                                                                                                   |                                                                               | If "Yes"<br>Package wgt    No. per container                                           |                                                      |                                                                                |                                                                                                                                                                                          |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                        |                                                                               | 4. Size(s) Retail Container                                                            |                                                      | 5. Location of Label Directions<br><input type="checkbox"/> label on container |                                                                                                                                                                                          |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><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<br>Diego Fonseca                                                                                                                                                                                                                                                              | Title<br>Regulatory Manager    | Telephone No. (Include Area Code)<br>(317) 337-4693 |
| <b>Certification</b><br>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<br>(Stamped)           |
| 2. Signature<br>                                                                                                                                                                                                                                                                   | 3. Title<br>Regulatory Manager |                                                     |
| 4. Typed Name<br>Diego Fonseca<br>®Trademark of Dow AgroSciences LLC                                                                                                                                                                                                               | 5. Date<br>November 6, 2009    |                                                     |

308/2E  
November 6, 2009



Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
U. S. Environmental Protection Agency  
One Potomac Yard  
2777 S. Crystal Drive  
Arlington, VA 22202

POWERFLEX (A.I. PYROXSULAM)  
EPA REGISTRATION NUMBER: 62719-569  
NOTIFICATION OF MINOR LABEL CHANGE PER PR NOTICE 98-10

Enclosed please find labeling for the notification action of PowerFlex<sup>®</sup> herbicide based on EPA accepted copy of the main label dated May 28, 2009. The following changes have been made by notification:

1. New Sec 3 supplemental label with subset of uses from EPA accepted copy of the main label dated May 28, 2009. No other changes have been made to this supplemental label.

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.

**Contents of Submission**

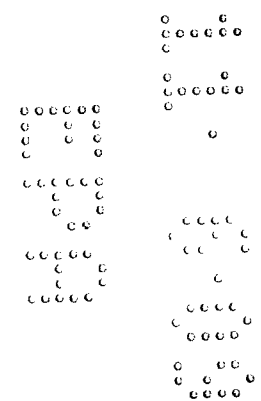
- Transmittal document (this letter)
- Application for Pesticide, EPA Form 8570-1
- Label entitled PowerFlex (Q9F / PowerFlex / Sec 3 Suppl Soybean Rotational Crop Intervals Notif / 11-06-09) (1 Page plus Registration Notes) (1 Copy)

If you require further information, please contact Amy Hudson, Regulatory Specialist at (317) 337-3967 or Paula McKinnies, Registration Assistant for this product, at (317) 337-4679.

Sincerely,

Diego Fonseca  
Regulatory Leader  
(317) 337-4693  
(317) 337-4649 (FAX)

DF/akh  
Enclosures



4025

# PowerFlex®

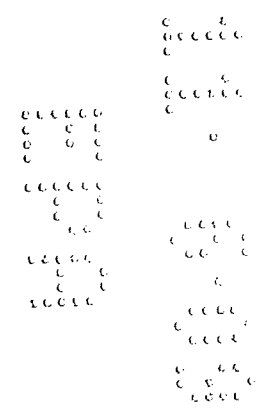
EPA Reg. No.: 62719-569

## Registration Notes:

**Source section 3 supplemental labeling** based on EPA accepted copy of the main label dated May 28, 2009. Following are changes by notification:

1. New sec 3 supplemental label with subset of uses from EPA accepted copy of the main label dated May 28, 2009. No other changes have been made to this supplemental label.

™Trademark of Dow AgroSciences LLC



5 of 5

# Supplemental Labeling



Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268-1054 USA

## PowerFlex®

EPA Reg. No. 62719-569

NOTIFICATION

JAN 29 2010

### Crop Rotation Interval for Soybeans Planted After Winter Wheat

For Distribution and Use Only in the States of Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Missouri, Mississippi, North Carolina, Nebraska, New Jersey, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia.

#### ATTENTION

- It is a violation of Federal law to use this product in a manner inconsistent with its labeling.
- This labeling must be in the possession of the user at the time of application.
- Read the label affixed to the container for PowerFlex® herbicide before applying. Carefully follow all precautionary statements and applicable use directions.
- Use of PowerFlex according to this supplemental labeling is subject to all use precautions and limitations imposed by the label affixed to the container for PowerFlex.

#### Directions for Use

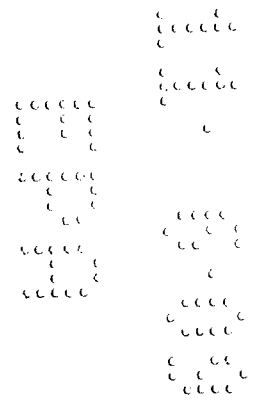
The following rotational crop may be planted at the indicated interval following application of PowerFlex.

| Crop    | Rotation Interval (1)<br>(Months) |
|---------|-----------------------------------|
| soybean | 3                                 |

(1) Minimum number of months that must elapse before planting other crops after application of PowerFlex.

®Trademark of Dow AgroSciences LLC

R364-004  
EPA accepted 05/28/09  
Replaces: R364-003



**NEXT**

**LABEL**

62719-569

1/29/2010

1 of 5



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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

JAN 29 2010

Mr. Diego Fonseca  
Product Registration  
Dow AgroSciences LLC  
9330 Zionsville Road  
Indianapolis, IN 46268

SUBJECT: Application for Pesticide Notification (PRN 98-10)  
Request General Label Change (Sec 3 Supplemental Label w/ subset of uses,  
cotton)  
EPA Reg. No. 62719-569  
Application Dated November 6, 2009

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 11/06/09 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,

A handwritten signature in black ink, appearing to be "Linda Arrington".

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs



205

|                                                                                  |                                                                                 |                                                                                                                          |                       |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|
|  | United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> Registration<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Other | OPP Identifier Number |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|

**Application for Pesticide - Section I**

|                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>Dow AgroSciences/62719-569                                                                                                                                  | 2. EPA Product Manager<br>Joanne Miller                                                                                                                                                  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Dow AgroSciences/PowerFlex®                                                                                                                                 | PM#<br>23                                                                                                                                                                                |                                                                                                            |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Dow AgroSciences LLC<br>9330 Zionsville Road<br>Indianapolis, IN 46268<br><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:<br>EPA Reg. No. _____<br><br>Product Name _____ |                                                                                                            |

**Section - II**

|                                                                                                                                                                                                            |                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Amendment - Explain below.<br><input type="checkbox"/> Resubmission in response to Agency letter dated _____<br><input checked="" type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____<br><input type="checkbox"/> "Me Too" Application.<br><input type="checkbox"/> Other - Explain below. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

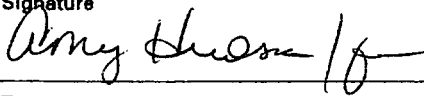
NOTIFICATION  
JAN 29 2010

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)  
 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:                                                                                                                       |                                                                               |                                                                                        |  | 2. Type of Container                                                                                                                                                                     |  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                            | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | <input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |  |
| * Certification must be submitted<br>If "Yes" Unit Packaging wgt.    No. per container                                                                              |                                                                               | If "Yes" Package wgt    No. per container                                              |  |                                                                                                                                                                                          |  |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                        |                                                                               | 4. Size(s) Retail Container                                                            |  | 5. Location of Label Directions<br><input type="checkbox"/> label on container                                                                                                           |  |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><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<br>Diego Fonseca                                                                                                                                                                                                                                                    | Title<br>Regulatory Manager    | Telephone No. (Include Area Code)<br>(317) 337-4693 |
| Certification<br>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 both under applicable law. |                                | 6. Date Application Received (Stamped)              |
| 2. Signature<br>                                                                                                                                                                       | 3. Title<br>Regulatory Manager |                                                     |
| 4. Typed Name<br>Diego Fonseca<br>®Trademark of Dow AgroSciences LLC                                                                                                                                                                                                     | 5. Date<br>November 6, 2009    |                                                     |

308/2E  
November 6, 2009



Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
U. S. Environmental Protection Agency  
One Potomac Yard  
2777 S. Crystal Drive  
Arlington, VA 22202

POWERFLEX (A.I. PYROXSULAM)  
EPA REGISTRATION NUMBER: 62719-569  
NOTIFICATION OF MINOR LABEL CHANGE PER PR NOTICE 98-10

Enclosed please find labeling for the notification action of PowerFlex<sup>®</sup> herbicide based on EPA accepted copy of the main label dated May 28, 2009. The following changes have been made by notification:

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**Contents of Submission**

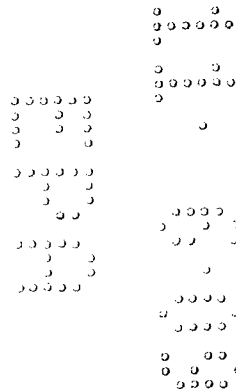
- Transmittal document (this letter)
- Application for Pesticide, EPA Form 8570-1
- Label entitled PowerFlex (Q9F / PowerFlex / Sec 3 Suppl Cotton 3 Month Rotation Interval Notif / 11-06-09) (1 Page plus Registration Notes) (1 Copy)

If you require further information, please contact Amy Hudson, Regulatory Specialist at (317) 337-3967 or Paula McKinnies, Registration Assistant for this product, at (317) 337-4679.

Sincerely,

Diego Fonseca  
Regulatory Leader  
(317) 337-4693  
(317) 337-4649 (FAX)

DF/akh  
Enclosures



# PowerFlex®

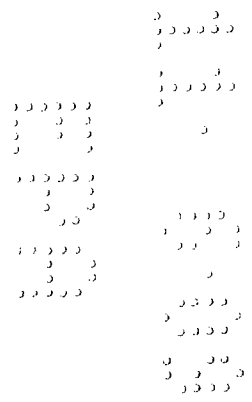
EPA Reg. No.: 62719-569

## Registration Notes:

**Source section 3 supplemental labeling** based on EPA accepted copy of the main label dated May 28, 2009. Following are changes by notification:

1. New sec 3 supplemental label with subset of uses from EPA accepted copy of the main label dated May 28, 2009. No other changes have been made to this supplemental label.

™Trademark of Dow AgroSciences LLC



5 of 5

# Supplemental Labeling



Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268-1054 USA

## PowerFlex®

EPA Reg. No. 62719-569

**NOTIFICATION**

**JAN 29 2010**

### Crop Rotation Interval for Cotton Planted After Winter Wheat

For Distribution and Use Only in the States of Alabama, Arkansas, Georgia, Kansas, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia

- ATTENTION**
- It is a violation of Federal law to use this product in a manner inconsistent with its labeling.
  - This labeling must be in the possession of the user at the time of application.
  - Read the label affixed to the container for PowerFlex® herbicide before applying. Carefully follow all precautionary statements and applicable use directions.
  - Use of PowerFlex according to this supplemental labeling is subject to all use precautions and limitations imposed by the label affixed to the container for PowerFlex.

### Directions for Use

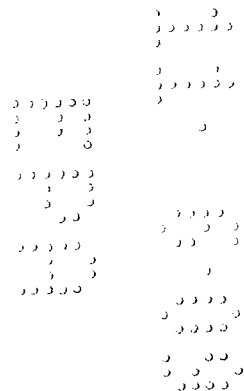
The following rotational crop may be planted at the indicated interval following application of PowerFlex.

| Crop   | Rotation Interval (1)<br>(Months) |
|--------|-----------------------------------|
| cotton | 3                                 |

(1) Minimum number of months that must elapse before planting other crops after application of PowerFlex.

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R364-005  
EPA accepted 05/28/09  
Replaces: Initial



**NEXT**

**LABEL**

62719-569

1/29/2010

1 of 5



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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

Mr. Diego Fonseca  
Product Registration  
Dow AgroSciences LLC  
9330 Zionsville Road  
Indianapolis, IN 46268

JAN 29 2010

SUBJECT: Application for Pesticide Notification (PRN 98-10)  
Request General Label Change (Sec 3 Supplemental Label w/ subset of uses,  
sorghum)  
EPA Reg. No. 62719-569  
Application Dated November 6, 2009

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 11/06/09 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs

2005



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number

Application for Pesticide - Section I

|                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>Dow AgroSciences/62719-569                                                                                                                                  | 2. EPA Product Manager<br>Joanne Miller                                                                                                                                              | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Dow AgroSciences/PowerFlex®                                                                                                                                 | PM#<br>23                                                                                                                                                                            |                                                                                                            |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Dow AgroSciences LLC<br>9330 Zionsville Road<br>Indianapolis, IN 46268<br><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:<br>EPA Reg. No. _____<br>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

JAN 29 2010

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

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:                                                                                                                       |                                                                               |                                                                                        |                                      | 2. Type of Container                                                           |                                  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                            | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                      | <input type="checkbox"/> Metal                                                 | <input type="checkbox"/> Plastic |
|                                                                                                                                                                     |                                                                               |                                                                                        |                                      | <input type="checkbox"/> Glass                                                 | <input type="checkbox"/> Paper   |
| * Certification must be submitted                                                                                                                                   | If "Yes" Unit Packaging wgt.                                                  | No. per container                                                                      | If "Yes" Package wgt                 | No. per container                                                              | Other (Specify) _____            |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                        |                                                                               | 4. Size(s) Retail Container                                                            |                                      | 5. Location of Label Directions<br><input type="checkbox"/> label on container |                                  |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><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<br>Diego Fonseca                                                                                                                                                                                                                                                              | Title<br>Regulatory Manager    | Telephone No. (Include Area Code)<br>(317) 337-4693 |
| <b>Certification</b><br>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<br>(Stamped)           |
| 2. Signature<br>                                                                                                                                                                                                                                                                   | 3. Title<br>Regulatory Manager |                                                     |
| 4. Typed Name<br>Diego Fonseca<br>®Trademark of Dow AgroSciences LLC                                                                                                                                                                                                               | 5. Date<br>November 6, 2009    |                                                     |

308/2E  
November 6, 2009



Document Processing Desk (**NOTIF**)  
Office of Pesticide Programs (7504P)  
U. S. Environmental Protection Agency  
One Potomac Yard  
2777 S. Crystal Drive  
Arlington, VA 22202

**POWERFLEX (A.I. PYROXSULAM)**  
EPA REGISTRATION NUMBER: 62719-569  
NOTIFICATION OF MINOR LABEL CHANGE PER PR NOTICE 98-10

Enclosed please find labeling for the notification action of PowerFlex<sup>®</sup> herbicide based on EPA accepted copy of the main label dated May 28, 2009. The following changes have been made by notification:

1. New Sec 3 supplemental label with subset of uses from EPA accepted copy of the main label dated May 28, 2009. No other changes have been made to this supplemental label.

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.

**Contents of Submission**

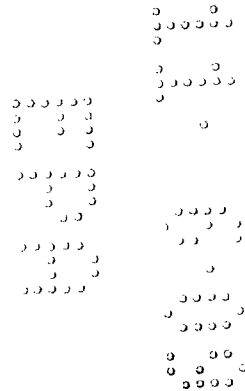
- Transmittal document (this letter)
- Application for Pesticide, EPA Form 8570-1
- Label entitled PowerFlex (Q9F / PowerFlex / Sec 3 Suppl Sorghum 3 Month Rotation Interval Notif / 11-06-09) (1 Page plus Registration Notes) (1 Copy)

If you require further information, please contact Amy Hudson, Regulatory Specialist at (317) 337-3967 or Paula McKinnies, Registration Assistant for this product, at (317) 337-4679.

Sincerely,

Diego Fonseca  
Regulatory Leader  
(317) 337-4693  
(317) 337-4649 (FAX)

DF/akh  
Enclosures





# PowerFlex®

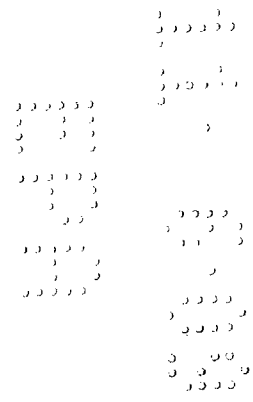
EPA Reg. No.: 62719-569

## Registration Notes:

Source section 3 supplemental labeling based on EPA accepted copy of the main label dated May 28, 2009. Following are changes by notification:

1. New sec 3 supplemental label with subset of uses from EPA accepted copy of the main label dated May 28, 2009. No other changes have been made to this supplemental label.

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# Supplemental Labeling



Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268-1054 USA

**PowerFlex<sup>®</sup>**  
EPA Reg. No. 62719-569

**NOTIFICATION**

**JAN 29 2010**

## Crop Rotation Interval for Sorghum Planted After Winter Wheat

For Distribution and Use Only in the States of Arkansas, Kansas, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas.

### ATTENTION

- It is a violation of Federal law to use this product in a manner inconsistent with its labeling.
- This labeling must be in the possession of the user at the time of application.
- Read the label affixed to the container for PowerFlex<sup>®</sup> herbicide before applying. Carefully follow all precautionary statements and applicable use directions.
- Use of PowerFlex according to this supplemental labeling is subject to all use precautions and limitations imposed by the label affixed to the container for PowerFlex.

### Directions for Use

The following rotational crop may be planted at the indicated interval following application of PowerFlex.

| Crop    | Rotation Interval (1)<br>(Months) |
|---------|-----------------------------------|
| sorghum | 3                                 |

(1) Minimum number of months that must elapse before planting other crops after application of PowerFlex.

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R364-006  
EPA accepted 05/28/09  
Replaces: Initial

