

64240-42

10-11-2002

1/5

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  
SC0033

### Application for Pesticide - Section I

|                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>64240-42                                                                                                                                                                    | 2. EPA Product Manager<br>Marion Johnson                                                                                                                                            | 3. Proposed Classification<br><input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Combat® ABF7                                                                                                                                                                | PM#<br>10                                                                                                                                                                           |                                                                                                 |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Combat Insect Control Systems<br>c/o PS&RC; P. O. Box 493<br>Pleasanton, CA 94566-0803<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 _____ | <b>NOTIFICATION</b><br>OCT 11 2002 |
| <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.)

Notification of non-mandatory label claims and additional text in accordance with PR Notice 98-10 are highlighted (Note: This product has never been in distribution). Also, placement of text in the Precautionary Statement is now compliant with PR Notice 2001-1 (no text has been deleted). Placement of 'Call a poison control center or doctor for treatment advice.' directly follows the heading 'FIRST AID.' It is repeated under the heading 'IF IN EYES' which is now bracketed. The statement 'Have the product container or label with you when calling a poison control center or doctor or going for treatment.' appears twice. It is bracketed the first time (under the heading 'If on Skin or Clothing') and is unbracketed at the end of the First Aid paragraph. Note: When discussed with EPA, Ann Sibold recommended that these changes be submitted by Notification. Three labels and the 98-10 Certification form are enclosed.

### 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 | Metal<br>Plastic<br>Glass<br>Paper<br>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<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                        |                                                                               | 4. Size(s) Retail Container                                                            |                                                             | 5. Location of Label Directions<br><input type="checkbox"/> |                   |
| 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>J. Evelyn Lawson                                                                                                                                                                                                                                                           | Title<br>Regulatory Information Scientist    | Telephone No. (Include Area Code)<br>(925) 425-6842 |
| <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><i>Sally S. Christopher</i>                                                                                                                                                                                                                                        | 3. Title<br>Regulatory Compliance Specialist |                                                     |
| 4. Typed Name<br>Sally S. Christopher                                                                                                                                                                                                                                              | 5. Date<br>October 1, 2002                   |                                                     |

(for accompanying OPP SC0033)  
Combat® ABF7  
EPA Reg. No. 64240-42

Notification of non-mandatory labeling changes per PR Notice 98-10

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 for 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.

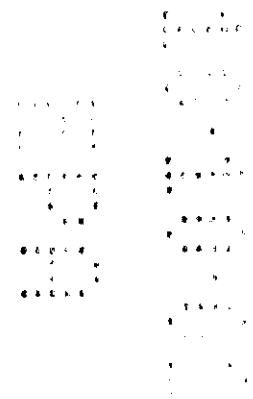
Sally S. Christopher

Signature of Official  
Sally S. Christopher  
Regulatory Compliance Specialist

for:  
Combat Insect Control Systems  
c/o PS&RC  
P.O. Box 493  
Pleasanton, CA 94566-0803

**NOTIFICATION**  
OCT 11 2002

October 1, 2002

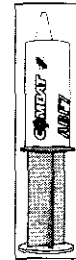
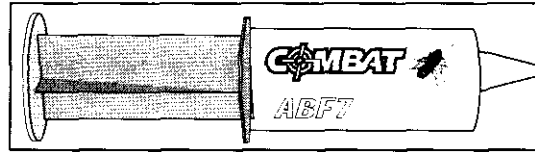


Note: Bold, italicized text is information for the reader and is not part of the label. [Bracketed information is optional text.] Text separated by a diamond bullet (♦) denotes -and/or- options. Underlined text is new. Strike-through (~~text~~) means removed.

- CARTON -

# COMBAT

## ABF7



# COMBAT

ABF7



The paperboard in this [ ] carton contains [ ]% recycled fiber (minimum post-consumer content).



### KEEP OUT OF REACH OF CHILDREN CAUTION

#### USE ONLY IN AREAS NOT EASILY ACCESSIBLE TO CHILDREN AND PETS

Avoid contact with textiles and clothing as bait may stain. -or- Product may stain textiles and clothing. (SEE PRECAUTIONS ON END -OR- SIDE -OR- BACK -OR- BOTTOM PANEL)

ACTIVE INGREDIENT: Fipronil\* . . . . . 0.001%

\*CAS No. 120068-37-3

OTHER INGREDIENTS: . . . . . 99.999%



EPA Reg. No. 64240-42  
EPA Est. No. 5813-MS-01  
[U.S. PATENT NOS. \_\_\_\_\_]

Mfd. for -or- Distributed by & ©2001  
COMBAT Insect Control Systems  
1221 Broadway, Oakland, CA 94612

Contains 1 reservoir -or- syringe

TOTAL NET WT 0.95 oz (27g)

#### PRECAUTIONARY STATEMENTS:

##### HAZARDS TO HUMANS AND DOMESTIC ANIMALS

**CAUTION:** Harmful if swallowed or absorbed through the skin. Causes moderate eye irritation. Avoid contact with skin, eyes and clothing. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. Wash thoroughly with soap and water after handling.

##### PHYSICAL OR CHEMICAL HAZARDS:

Do not use this product in or on electrical equipment where a possibility of shock hazard exists

##### FIRST AID: Call a poison control center or doctor for treatment advice.

**IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. [Have the product container or label with you when calling a poison control center or doctor or going for treatment.]

**IF IN EYES:** 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.] Have the product container or label with you when calling a poison control center or doctor or going for treatment.

[HOT LINE NUMBER:] Combat [information] Helpline: 1-800-426-6228

**STORAGE AND DISPOSAL:** Do not contaminate water, food or feed by storage or disposal.

**STORAGE:** Store in a cool dry area -or- below 80° F -or- 100° F out of reach of children.

**DISPOSAL:** If empty: Do not reuse this container. Recap syringe[s] -or- reservoir[s] and place in trash. If partly filled: Recap syringe[s] -or- reservoir[s] and call your local solid waste agency or toll free number 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain

# COMBAT

ABF7

NOTIFICATION  
OCT 11 2002

R0532-3.1

3/5

Note: **Bold, italicized text is information for the reader and is not part of the label.** [Bracketed information is optional text.]  
 Text separated by a diamond bullet (◆) denotes -and/or- options. Underlined text is new. Strike-through (~~text~~) means removed.

- CARTON -



GENERAL INFORMATION

**DIRECTIONS FOR USE:**

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

*optional claims for front or back:*

- |                                                  |                                                           |                                                                                                                                                                  |                                        |
|--------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| • Fast killing formula                           | • Works within hours and up to 1 month                    | • Preferred food form for [Carpenter] Ants                                                                                                                       | • Satisfaction or Quality guaranteed   |
| • First specially formulated [Carpenter] Ant gel | • Unique [Carpenter] Ant Formula                          | • Kills [Carpenter] Ants in the colony                                                                                                                           | • Kills [Carpenter] Ants at the source |
| • Elimination [Control] within 3-5 days          | • Visible results overnight                               | • Effective against Carpenter, Pharaoh, Argentine, Ghost, Acrobat, Big-Headed, Cornfield, Field, Odorous House, Thief, Pavement, White Footed, Little Black Ants | • With Fipronil!                       |
| • Kills [Carpenter] Ants and the colony          | • Starts killing [Carpenter] [Ants] in hours              |                                                                                                                                                                  | • [Store below 80° F -or- 100° F]      |
| • Gain control of your [Carpenter] Ant problem   | • Fast acting formula that quickly kills [Carpenter] Ants |                                                                                                                                                                  | • <u>NEW</u>                           |
|                                                  | • Provides control of [Carpenter] Ants                    |                                                                                                                                                                  |                                        |

*end of optional claims for front or back:*

This product provides **FAST CONTROL** of [Carpenter] Ants in 3-5 days.

This product is formulated to effectively control [Carpenter] Ants. That's because this product contains Fipronil, a fast-acting active ingredient. Its speed is still slow enough, however, for foraging ants to return to the colony and feed the bait to larvae and queen(s) so that the entire colony is killed through the Domino Effect™.

[When exposed to higher temperatures (above 80° F) for extended periods of time, the gel will change color and lose effectiveness. If the gel inside the tube is darker than the color bar below, do not apply.]

**[FOR CONSUMER USE ONLY]**  
**[SPANISH INSTRUCTIONS INSIDE BOX]**

APPLICATION INSTRUCTIONS

[This package [insert] should be in possession of applicator.] Application rate is dependent on level of infestation and species to be controlled. Bait should be applied as spots.



Keep exposed gel away from open foods and food contact surfaces.

1. Inspect for ants: Place gel in areas of suspected ant activity, next to ant trails and near ant nests. **Avoid applying gel in direct sunlight.** Gel can be placed in cracks, crevices, corners and areas, such as under and behind kitchen appliances, along baseboards, under sinks, in pantry, around pipes and water heater and in the garage and attic.  
-or-
1. To apply gel: Remove can from tip -or- break tip off, touch tip to surface and depress plunger. Recap tube after use.
2. Apply gel in spots in cracks and crevices. For best results, make -or- place many spots or dabs of gel where you see ants foraging and entering the structure.
3. Do not apply gel to areas which have been recently sprayed with insecticide or contaminated with foggers, and do not spray insecticide over gel as this may cause the bait to become repellent.
4. Inspect placements and reapply as needed.

**Optional Text:**

Tips for Best Results:

- Do not spray insecticides or smoke around gel bait
- Clean greasy or dirty surfaces before placement
- In more open areas, such as walls and floors, inside cabinets, and near food, also use Combat Quick Kill Formula 3 Baits for maximum ant control
- Do not use strong cleaners around bait placements.

**For indoor use:** Visually inspect for ants and place gel in areas where you see ants. Do not place bait in locations that are routinely -or- frequently washed, as bait will be removed by washing. Do not treat food preparation surfaces. Do not use this product in or on electrical equipment where a possibility of shock hazard exists.

**For outdoor use:** Place gel outdoors into, on or adjacent to structures where you see ants, next to ant trails and suspected areas of ant activity.

You will notice fewer ants in days -or- Pest population reduction will be apparent within a week.

**Optional, Additional Text for Directions for Use:**

Keep exposed -or- applied gel away from open food and food contact surfaces. Do not treat food/feed preparation surfaces.

Gel placements should be near ant trails, next to ant nests or in areas of suspected ant activity.

This product's gel may be used as a spot or crack and crevice treatment for the indoor and outdoor control of ants.

[color bar]

For questions or comments about COMBAT, call toll free 1-800-426-6228


R0532-3.1

4/5

Note: ***Bold, italicized text is information for the reader and is not part of the label.*** [Bracketed information is optional text.]  
Text separated by a diamond bullet (◆) denotes -and/or- options. Underlined text is new. Strike-through (~~text~~) means removed.

UNIT LABEL

The artwork shown below is approximately 200% of actual size.



**COMBAT**  
ABF7

**Note: Do not remove this label**

ACTIVE INGREDIENT: Fipronil\* ..... 0.001%

OTHER INGREDIENTS: ..... 99.999%

\*CAS NO. 120068-37-3

**KEEP OUT OF REACH OF CHILDREN**

USE ONLY IN AREAS INACCESSIBLE TO CHILDREN AND PETS.

**PRECAUTIONARY STATEMENTS:**  
**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**CAUTION:** Harmful if swallowed or absorbed through the skin. Causes moderate eye irritation. Avoid contact with skin, eyes and clothing. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. Wash thoroughly with soap and water after handling.

**PHYSICAL OR CHEMICAL HAZARDS**  
Do not use this product in or on electrical equipment where a possibility of shock hazard exists.

**FIRST AID:** Call a poison control center or doctor for treatment advice.  
**IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. [Have the product container or label with you when calling a poison control center or doctor or going for treatment.] **IF IN EYES:** 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.] Have the product container or label with you when calling a poison control center or doctor or going for treatment.

**HOT LINE NUMBER:** Combat [information] Helpline: **1-800-426-6228**

**STORAGE AND DISPOSAL:** Do not contaminate water, food or feed by storage or disposal.  
**STORAGE:** Store in a cool, dry area -or- below 80° F -or- 100° F out of reach of children. **DISPOSAL:** If empty: Do not reuse this container. Recap syringe[s] -or- reservoir[s] and place in trash. If partly filled: Recap syringe[s] -or- reservoir[s] and call your local solid waste agency or toll free number 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

[If the gel inside the tube is darker than this color ■, do not apply.]  
Product may stain textiles and clothing.  
[For] Questions or [C]omments [?] [about Combat,] call toll free 1-800-426-6228

Mfd. for -or- Distributed by & ©2001: Combat Insect Control Systems  
1221 Broadway, Oakland, CA 94612

EPA Reg. No. 64240-42  
EPA Est. No. 5813-MS-01

SEE CARTON [INSERT] FOR COMPLETE DIRECTIONS AND PRECAUTIONS

Net Weight \_\_\_\_\_

R0532-3.1

5/5