


Please read Instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 156492
	Application for Pesticide:		

Section I

1. Company/Product Number FLEAGO INDUSTRIES INC / 65161-1	2. EPA Product Manager Richard P. Keigwin	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) FLEAGO INDUSTRIES INC / FLEAGO The Magic Crystal	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) FLEAGO INDUSTRIES INC 3185 Van Buren Ave Naples Florida 33962	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 _____	
<input type="checkbox"/> Check if this is a new address		

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. PR Notice 95-2	<input type="checkbox"/> Other - explain below.

NOTIFICATION

Explanation: Use additional page(s) if necessary. (For section I and Section II.)
Based on our label and revised CSF dated 3-12-96.
Our label should note and has been revised to read Boric Acid 99% not sodium tetraborate decahydrate.

Section III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Unit Package wgt. No. per container		<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted.		If "Yes," Package wgt. No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner In Which Label Is Affixed To Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other (_____) <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

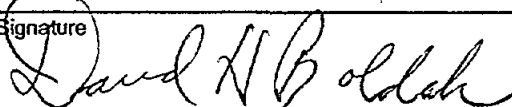
Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name David H. Boldak	Title President	Telephone No. (Include Area Code) 941 793 7780
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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.

2. Signature 	3. Title President
4. Typed Name David H. Boldak	5. Date 5-13-96

REC'D EPA/OPP/DPD1
Date Application Received (Stamp)
MAY 22 4:01