

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 05-31-98



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
250107

Application for Pesticide - Section I

1. Company/Product Number Primavera Laboratories, Inc. 65233-1		2. EPA Product Manager John Tice		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
4. Company/Product (Name) TREO [®] SPF 15		PM# 90			
5. Name and Address of Applicant (Include ZIP Code) Primavera Laboratories, Inc. 99 Biltmore Avenue, Suite 254 Rye, NY 10580-1891 <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. 65233-1 Product Name TREO [®] SPF 15		

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.

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

Labeling Changes (See Attachment)

Notification
3/22/96
BPPD

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metal <input checked="" type="checkbox"/> Plastic Glass Paper Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. fluid oz. 4	No. per container 4	If "Yes" Package wgt. fluid oz. 4	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 7/8" x 5 1/4" x 2 1/3" (if boxed 1" x 5 5/8" x 2 5/8")		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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 THERMOGRAPHY		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Matthew R. Schneider		Title Authorized Representative		Telephone No. (Include Area Code) (202) 965-7880	
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 (Stamper)
2. Signature 			3. Title Authorized Representative		
4. Typed Name Matthew R. Schneider			5. Date 2/20/96		