

Please read Instructions on reverse before completing form.

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

<p>(A)  <b>EPA</b></p> <p>United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460</p> <p><b>Application for Pesticide:</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/></td> <td style="width:50%;">Registration</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amendment</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other NOTIF</td> </tr> </table>	<input type="checkbox"/>	Registration	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>	Other NOTIF	<p>OPP Identifier Number</p> <p style="font-size: 24pt; text-align: center;">184679</p>
<input type="checkbox"/>	Registration							
<input type="checkbox"/>	Amendment							
<input checked="" type="checkbox"/>	Other NOTIF							

**Section I**

<p>1. Company/Product Number EPA Reg. No. 67197-4</p>	<p>2. EPA Product Manager George LaRocca</p>	<p>3. Proposed Classification</p> <p><input checked="" type="checkbox"/> None    <input type="checkbox"/> Restricted</p>
<p>4. Company/Product (Name) Perma Guard, Inc. Pyre-Kill Insecticide.</p>	<p>PM# PM-13</p>	
<p>5. Name and Address of Applicant (Include ZIP Code) Perma Guard, Inc. 410 12th Street, N.W. Albuquerque, NM 87102</p> <p><input type="checkbox"/> Check if this is a new address</p>	<p>6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:</p> <p>EPA Reg. No. <u>DOES NOT APPLY</u></p> <p>Product Name _____</p>	

**Section II**

<p><input type="checkbox"/> Amendment - Explain below</p> <p><input type="checkbox"/> Resubmission in response to Agency letter dated _____</p> <p><input checked="" type="checkbox"/> Notification - Explain below.</p>	<p><input type="checkbox"/> Final printed labels in response to Agency letter dated _____</p> <p><input type="checkbox"/> "Me Too" Application.</p> <p><input type="checkbox"/> Other - explain below.</p>
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Correction of typographical error: The address has been corrected from "NY" to read "NM". The correction has been made on the attached copy of the label and circled to depict the change.

"This notification is consistent with the provisions of PR Notice 95-2 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 USC 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 95-2 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**

<p>1. Material This Product Will Be Packaged In:</p> <p>Child-Resistant Packaging    <input type="checkbox"/> Yes*    <input checked="" type="checkbox"/> No</p>	<p>Unit Packaging    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Water Soluble Packaging    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>2. Type of Container</p> <p><input checked="" type="checkbox"/> Metal</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Glass</p> <p><input type="checkbox"/> Paper</p> <p><input type="checkbox"/> Other (Specify) _____</p>
<p>* Certification must be submitted.</p> <p>if "Yes," Unit Package wgt. <u>Varies</u></p>		<p>No. per container <u>Varies</u></p> <p>if "Yes," Package wgt. _____</p> <p>No. per container _____</p>	

<p>3. Location of Net Contents Information</p> <p><input checked="" type="checkbox"/> Label    <input type="checkbox"/> Container</p>	<p>4. Size(s) of Retail Container</p> <p><u>Varies</u></p>	<p>5. Location of Label Directions</p> <p><input checked="" type="checkbox"/> On Label</p> <p><input type="checkbox"/> On Labeling accompanying product</p>
<p>6. Manner in Which Label is Affixed To Product</p> <p><input checked="" type="checkbox"/> Lithograph</p> <p><input type="checkbox"/> Paper glued</p> <p><input type="checkbox"/> Stenciled</p> <p><input type="checkbox"/> Other ( _____ )</p>		

**Section IV**

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

Name William E. Currie	Title Consultant	Telephone No. (Include Area Code) (301) 753-6930
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<p style="text-align: center;"><b>Certification</b></p> <p>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.</p>		<p>6. Date Application Received (Stamped)</p>
<p>2. Signature <i>William E. Currie</i></p>	<p>3. Title Consultant</p>	
<p>4. Typed Name William E. Currie</p>	<p>5. Date November 26, 1995</p>	

