



67517-78

8-20-2003

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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☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 67517-78	2. EPA Product Manager <u>B. Alexander</u>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Tick and Mosquito Permethrin Repellent	PM# 3	
5. Name and Address of Applicant (Include ZIP Code) PM Resources Inc. by Virbac AH, Inc. PO Box 162059 Fort Worth, TX 76161 <input checked="" 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. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>September 7, 2001</u>
<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

AUG 20 2003

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

Notification of label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 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 guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6 oz		5. Location of Label Directions <input checked="" type="checkbox"/>	
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 _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Michelle Foster	Title Registration Specialist	Telephone No. (Include Area Code) 800-338-3659 x 3545
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 (Stamped)
2. Signature <u>Michelle Foster</u>	3. Title Registration Specialist	
4. Typed Name Michelle Foster	5. Date <u>6/19/03</u>	

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TICK AND MOSQUITO PERMETHRIN REPELLENT

- FOR CLOTHING
- REPELS AND KILLS MOSQUITOES, TICKS AND MITES.
- REPELS AND KILLS TICKS WHICH MAY CARRY LYME DISEASE AND ROCKY MOUNTAIN SPOTTED FEVER
- PROVIDES LONG-LASTING PROTECTION - 1 TREATMENT LASTS 2 WEEKS!
- **CLOTHING TREATMENT ONLY - DO NOT APPLY TO SKIN**

NOTIFICATION
AUG 20 2003

ACTIVE INGREDIENTS

*Permethrin:	0.5%
OTHER INGREDIENTS	<u>99.5%</u>
TOTAL	100.0%

* cis/trans ratio: Min 35% (±) cis and max 65% (±) trans

CAUTION
KEEP OUT OF THE REACH OF CHILDREN
SEE BACK PANEL FOR ADDITIONAL
PRECAUTIONARY STATEMENTS

Net Contents: 6 oz. (170g)

EPA Reg. No: 67517-78

EPA Est. No.: 67517-MO-1

Manufactured for:
PM Resources, Inc.
13001 St. Charles Rock Road
Bridgeton, MO 64033

FOR INFORMATION ON THIS PRODUCT (INCLUDING HEALTH CONCERNS, MEDICAL EMERGENCIES OR PESTICIDE INCIDENTS) CALL THE NATIONAL PESTICIDE TELECOMMUNICATIONS NETWORK AT 1-800-858-7378

(lot number statements as needed)

Mfg. & Printed in U.S.A. (label revision number) (product number)

TICK AND MOSQUITO PERMETHRIN REPELLENT

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

Harmful if absorbed through the skin. Avoid contact with skin or eyes. Avoid breathing vapors or spray mist. Do not allow contact with treated surfaces until spray has dried. Wash thoroughly with soap and water after handling. Do not allow spray to contact food or water supplies.

FIRST AID

If inhaled

Move person to fresh air.

If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.

Call a poison control center or doctor for further treatment advice.

If on skin or clothing

Take off contaminated clothing.

Rinse skin immediately with plenty of water for 15-20 minutes.

Call a poison control center or doctor for treatment advice.

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.

If swallowed

Call poison control center or doctor immediately for treatment advice.

Have person sip a glass of water if able to swallow.

Do not induce vomiting unless told to do so by the poison control center or doctor.

Do not give anything by mouth to an unconscious person.

HOT LINE NUMBER

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-345-4735 for emergency medical treatment information.

PHYSICAL CHEMICAL HAZARDS

Contents under pressure. Do not use or store near heat or open flame.

Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause burning.

DIRECTIONS FOR USE

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

SHAKE WELL BEFORE USING

Do not apply to clothing while it is being worn. Under no circumstances should bare skin or clothing on the body be treated.

GENERAL INSTRUCTIONS:

For protection against ticks (including those which may carry Lyme disease), chiggers and mosquitoes, apply product as directed below.

For further protection, use in conjunction with an insect repellent registered for direct application to the skin and utilize the following primary preventive measures: Avoid areas where the pests are found, wear appropriate protective clothing (light-colored long-sleeve shirt and long pants tucked into socks), and inspect body daily for ticks. Pant cuffs should be worn inside the socks or footwear to ensure full protection against ticks and chiggers.

INITIAL TREATMENT INSTRUCTIONS:

1. Select a well-ventilated outdoor area protected from wind and lay out the clothing to be treated (as complete outfit: shirt, trousers and socks).
2. Hold can upright about 6 to 8 inches from surface of the clothing and spray with a slow sweeping motion to slightly moisten the surface of the fabric.
3. Continue spraying over entire outfit until a total treatment time of 60 seconds has elapsed and the outer surface of the fabric is moist enough to cause a slight color change or darkening. Pay special attention to socks, trouser cuffs and shirt cuffs.
4. Turn the clothing over and treat the other side as described in Steps 2 & 3.
5. Hang the treated clothing and allow to dry for at least 2 hours (4 hours under humid conditions) before wearing.
6. One can will treat two complete outfits. Do not exceed recommended spraying times.

RE-TREATMENT INSTRUCTIONS:

This product contains an active ingredient which actually binds to the fabric being treated, providing residual protection which lasts a minimum of two weeks, and holds up through several machine washings.

DO NOT RE-TREAT CLOTHING MORE THAN ONCE EVERY TWO WEEKS. LAUNDRY CLOTHING AT LEAST ONCE BEFORE RETREATMENT. For re-treatment follow instructions for initial treatment.

STORAGE AND DISPOSAL

Do Not Puncture or Incinerate!

If empty: Place in trash or offer for recycling if available.

If partly filled: Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

NOTICE OF WARRANTY

PM RESOURCES, INC. MAKES NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR OTHERWISE, EXPRESSED OR IMPLIED CONCERNING THIS PRODUCT OR ITS USES WHICH EXTEND BEYOND THE USE OF THIS PRODUCT UNDER NORMAL CONDITIONS IN ACCORD WITH THE STATEMENTS MADE ON THIS LABEL.