

11/10 52116

Copy to B. J. Fisher 10/11/95

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
213886

Application for Pesticide - Section I

1. Company/Product Number Bugless Inc. 68476-1	2. EPA Product Manager R. Keigwin Jr.	3. Proposed Classification <input checked="" type="checkbox"/> Nonno <input type="checkbox"/> Restricted
4. Company/Product (Name) Flea-Away	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Bugless, Inc. 34208 Aurora Road, #161 Cleveland, OH 44139 <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 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.)

Please accept the revised label with the change of address for Bugless, Inc. from 10 N. Main St. to 34208 Aurora Road #161, Cleveland, OH 44139.

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 type="checkbox"/> Metal	<input type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input checked="" type="checkbox"/> Paper
* Certification must be submitted				Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5 lbs.	5. Location of Label Directions <input type="checkbox"/> _____		
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

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

Name Kevin R. Kutcel	Title Consultant	Telephone No. (include Area Code) 402-331-4171
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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.

6. Date Application Received
(Stamped)

7. Signature 	3. Title Consultant
8. Typed Name Kevin R. Kutcel	5. Date 10/4/95

202

**PRECAUTIONARY STATEMENTS
HAZARD TO HUMANS AND
DOMESTIC ANIMALS**

CAUTION

Harmful if swallowed. Avoid contact with eyes. Wash thoroughly after handling. Avoid contamination of food and feed. Do not leave container or product where infants, children or animals may gain access.

**STATEMENT OF PRACTICAL
TREATMENT**

IF SWALLOWED: Immediately contact Poison Control Center or physician. If these are unavailable, give patient 1 or 2 glasses of water and induce vomiting by touching the back of throat with fingers. Never give anything by mouth or induce vomiting if patient is unconscious.

IF IN EYES, flush with plenty of water. Get medical attention if irritation persists.

IF ON SKIN, remove contaminated clothing and wash skin with soap and water.

IF INHALED, remove patient to fresh air.

STORAGE AND DISPOSAL

Do not contaminate water, food or feed by storage or disposal.

STORAGE: Keep container tightly closed when not in use. Store in original container, in a dry place inaccessible to children and pets.

PESTICIDE DISPOSAL: Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

CONTAINER DISPOSAL: DO NOT reuse container. Rinse 3 times, then offer for recycling or trash collection.

NOTICE

Manufacturer shall not be liable in respect to any injury or consequential damages suffered based on the use of this product contrary to the instructions given on this label.

FLEA-AWAY

**An Insecticide For The
Control Of Fleas**

**Manufactured by:
Bugless Incorporated
34208 Aurora Road #161
Cleveland, Ohio 44139
Emergency Phone: (216) 292-1005**

Active Ingredient:
Boric Acid.....100%

**KEEP OUT OF THE REACH
OF CHILDREN
CAUTION
See Side Panel For Additional
Precautionary Statements**

EPA Reg. No. 68476-2 EPA Est. 68476-OH-001

- ® Reg. Trademark of Bugless Inc.
- © 1995 Bugless Inc.

Net Contents: 5 lbs (2.26 Kg.)

DIRECTIONS

It is a violation of law to use this product in a manner not shown on the labeling.

Use Restrictions: Do not use in treatment areas until treatment is completed. Do not use in areas where children or animals may be present. Avoid contamination of food and feed. Avoid contamination of water.

Application

Carpets: Be sure to vacuum thoroughly before and after application. Use on children, infants and pets. Using the application rate of one pound per 1000 sq. ft. of carpet. Use Boric Acid to dry surface. Use on carpets where pet traffic is heavy. Use at the rate of one pound per 1000 sq. ft. (in). In other areas use at the rate of one pound per 1000 sq. ft. (in). Work powerfully with a broom or brush after application. Vacuum fibers or remove debris. See side panel.

Upholstery: Reapply along creases and folds. Do not apply to walls. Do not apply to any product visible. Any product visible should be removed. See Caution label.