

68688-56

3-20-2002

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☒ Other

OPP Identifier Number

284027

Application for Pesticide - Section I

1. Company/Product Number 68688-56	2. EPA Product Manager GEORGE LaROCCA	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SPHSCP-1 SPOT ON	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) SPEER PRODUCTS INC. 4242 B.F. GOODRICH BLVD MEMPHIS TN 38181 <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. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated "Me Too" Application.	NOTIFICATION MAR 20 2002
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> Other - Explain below.	
<input checked="" type="checkbox"/> Notification - Explain below.		

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

MINOR VERBAGE CHANGES ON PRODUCT LABEL. SEE ACCOMPANYING LETTER AND HIGHLIGHTED (BOLDED) AMENDED LABEL.

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		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
* Certification must be submitted				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
If "Yes" Unit Packaging wgt. No. per container		If "Yes" Package wgt. No. per container		Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) 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"/> 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 IAN WETHERSTON	Title SENIOR REGULATORY CONSULTANT	Telephone No. (Include Area Code) 623-535-4060
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.		8. Date Application Received (Stamped)
2. Signature <i>Ian Wetherston</i>	3. Title SENIOR REGULATORY CONSULTANT	
4. Typed Name IAN WETHERSTON	5. Date MARCH 12, 2002	

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NOTIFICATION

MAR 20 2002

"This notification is consistent with the provisions of PR Notice 98-10 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 U.S.C. Sec 1001 to wilfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 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"



Iain Weatherston
Senior Regulatory Consultant

March 12, 2002
Date

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SPHSOP-1

SPOT-ON

NOTIFICATION

MAR 20 2002

FOR BITING FLY PROTECTION

- Kills and repels horse flies, deer flies, gnats, mosquitoes, black flies, horn flies, face flies, stable flies and house flies for up to two weeks
- Kills and repels members of the *Culicoidae* and *Simuliidae* vectors of Sweet Itch for up to two weeks
- Field tested. Protects for up to 14 days.
- Sweat and water resistant
- Approved for use with Ultrashield® Brand Residual Insecticide & Repellent

FOR USE ON HORSES ONLY

NOT FOR USE ON FOALS UNDER THREE [3] MONTHS OF AGE

ACTIVE INGREDIENT

PERMETHRIN* [CAS# 52645-53-1]	45.00%
OTHER INGREDIENT	55.00%
TOTAL	100.00% [w/w]

* Cis/trans ratio: max 55%[±] cis and min 45%[±] trans

KEEP OUT OF REACH OF CHILDREN

CAUTION

SEE BACK PANEL FOR PRECAUTIONARY STATEMENTS

READ ALL DIRECTIONS BEFORE USING THIS PRODUCT

Speer Products Inc.
4242 B.F. Goodrich Boulevard
Memphis, TN 38181

EPA Registration No. 68688-LA

EPA Establishment No. 11715-TN-1

NET CONTENTS: 2 x 6 cc applicators
NET CONTENTS: 8 X 6cc applicators

Each tube provides 14 days protection

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

CAUTION

Harmful if swallowed or absorbed through the skin. Causes moderate eye irritation. Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling. Sensitivities can occur after using ANY pesticide product for animals. If signs of sensitivity occur wash area with mild soap and rinse with large amounts of water. If signs continue, consult a veterinarian immediately.

FIRST AID

IF SWALLOWED:

Call a 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 a poison control center or doctor.

IF ON SKIN OR CLOTHING:

Take off contaminated clothing. Rinse skin immediately with plenty of water for 15 to 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 to 20 minutes. Remove contact lenses, if present, after first 5 minutes, then continue rinsing eyes. Call a poison control center for treatment advice.

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 1-800-628-9653 for emergency medical treatment information.

ENVIRONMENTAL HAZARDS

This product is extremely toxic to fish. Do not apply directly to water, or areas where surface water is present or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment washwaters.

CHEMICAL HAZARDS

Combustible. Do not use or store near heat or open flame

STORAGE AND DISPOSAL STATEMENTS

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

- PESTICIDE STORAGE:** Store in a cool, dry place. Protect from freezing.
- PESTICIDE DISPOSAL:** Call your local solid waste agency or [1-800-CLEANUP or equivalent organization] for disposal instructions. Unless otherwise instructed place in trash. Never pour unused product down the drain or on the ground.
- CONTAINER DISPOSAL:** Do not reuse empty container. Place in trash.

DIRECTIONS FOR USE

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

Do not use on horses intended for food use

Not for use on foals under three [3] months of age

Ready to use, no dilution necessary

Hold tube in upright position pointing away from the user's face and body and twist off cap. Break off tip or cut with scissors. Using the cc guide marks on the tube apply SHPSOP-1 as follows:

- 1] streak 1 cc on top of the croup.
- 2] streak 1 cc on the forehead under the forelock; taking care to avoid the eyes and mucous membranes
- 3] spot 1 cc over the dorsum of the carpus on each of the front legs [2 cc total]
- 4] spot 1 cc over the plantar surface of the tarsus on each of the hind legs [2 cc in total]

Place empty applicator in trash

Do not reapply for 14 days.

The symptoms of Sweet Itch [also known as summer eczema and summer seasonal recurrent dermatitis] include severe pruritus, hair loss, skin thickening and flaky dandruff. Exudative dermatitis [weeping sores], sometimes with a yellow crust of dried serum may occur. The top of the tail and the mane are the most commonly affected areas although other areas including the neck, withers, hips, ears and forehead may also be affected. The cause of sweet itch is feeding on the horse by certain Culicoid midges and Simuliid blackflies whereby the horses develop a hypersensitive reaction to the saliva of the female insects.

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WARRANTY

Speer Products Inc., warrants that this product conforms to the chemical description on the label. Speer Products Inc., neither makes nor authorizes any agent or representative to make, any other warranty of fitness or of merchantability, guarantee or representation, express or implied, concerning this material. Speer Products Inc's maximum liability for breach of this warranty shall not exceed the purchase price of this product. Buyer and user acknowledge and assume all risks and liabilities resulting from the handling, storage and use of this material which extend beyond the use of the product under normal conditions in accord with statements made on this label.