PM-13 F3B Reg # 69421-50 172

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 05-31-98

EPA United States Environmental Protection Agency Washington, DC 20460

[ ] Registration [ ] Amendment [X] Other

OPP Identifier Number: 248028

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification
69421-50	G. LaRocca	[xx] None [ ] Restricted
4. Company/Product (Name)	**PM#**	
Black Flag Fogger IV	13	

5. Name and Address of Applicant *(Include ZIP Code)*
Black Flag Insect COntrol Systems
c/o PS&RC
P.O. Box 493
Pleasanton, CA 94566-0803
[ ] *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

[ ] Amendment - Explain below.
[ ] Resubmission in response to Agency letter dated _____
[X] Notification - Explain below.
[ ] Final printed labels in response to Agency letter dated _____
[ ] "Me Too" Application.
[ ] Other - Explain below.

APR 23 1996
NOTIFICATION

Explanation: Use additional page(s) if necessary. (For section I and Section II.)
Notification to correct inert level on label so that total equals 100%

Five copies enclosed

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging	Unit Packaging	Water Soluble Packaging	2. Type of Container
[ ] Yes* [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Metal [ ] Plastic [ ] Glass [ ] Paper [ ] 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 [ ] Label [ ] Container

4. Size(s) Retail Container

5. Location of Label Directions [ ] On Label [ ] On Labeling accompanying product

6. Manner in Which Label is Affixed to Product [ ] Lithograph [ ] Paper glued [ ] Stenciled [ ] Other _____

Section - IV

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

Name	Title	Telephone No. (Include Area Code)
Therese A. Adkins	Regulatory Compliance Specialist	510/847-5319

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	3. Title
Therese A. Adkins	Regulatory Compliance Specialist
4. Typed Name	**5. Date**
Therese A. Adkins	April 1, 1996

70-1 (Rev. 8-94) Previous editions are obsolete. White - EPA File Copy (original) Yellow - Applicant Copy