


72969-1

9/28/2001

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Please read instructions on reverse before completing form.

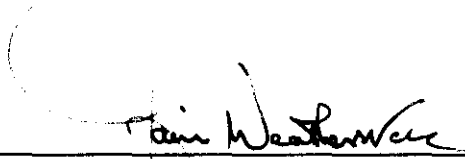
Form Approved OMB No. 2070-0080

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <div style="border: 1px solid black; padding: 5px; display: inline-block;">284023</div>
Application for Pesticide - Section I			
1. Company/Product Number <div style="border: 1px solid black; padding: 2px;">72969-1</div>		2. EPA Product Manager <div style="border: 1px solid black; padding: 2px;">GEORGE I. LAYOCCA</div>	
4. Company/Product (Name) <div style="border: 1px solid black; padding: 2px;">FREEDOM PROTECTANT FOR HORSES</div>		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted PM# <div style="border: 1px solid black; padding: 2px;">13</div>	
5. Name and Address of Applicant (Include ZIP Code) <div style="border: 1px solid black; padding: 5px;"> STAR HORSE PRODUCTS 262 WEST WINDING LANE STREET KILMELAND MD 21114 </div> <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(II), 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"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
NOTIFICATION <div style="border: 1px solid black; padding: 5px; display: inline-block;">SEP 28 2001</div>			
Explanation: Use additional page(s) if necessary. (For section I and Section II.) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> MINOR VERBIAGE CHANGES ON PRODUCT LABEL. SEE ACCOMPANYING LETTER AND AMENDED LABEL. </div>			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. _____ No. per container _____	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt. _____ No. per container _____	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> 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 <div style="border: 1px solid black; padding: 2px;">IAN J. CHATTERTON</div>		Title <div style="border: 1px solid black; padding: 2px;">SENIOR REGULATORY INSPECTOR</div>	
		Telephone No. (include Area Code) <div style="border: 1px solid black; padding: 2px;">402-335-4060</div>	
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 <div style="border: 1px solid black; padding: 5px; text-align: center;">(Stamped)</div>
2. Signature <div style="border: 1px solid black; padding: 2px;">Ian J. Chatterton</div>		3. Title <div style="border: 1px solid black; padding: 2px;">SENIOR REGULATORY INSPECTOR</div>	
4. Typed Name <div style="border: 1px solid black; padding: 2px;">IAN J. CHATTERTON</div>		5. Date <div style="border: 1px solid black; padding: 2px;">SEPTEMBER 28 2001</div>	

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Attachment to EPA Form 8570-1

"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 98-1- 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

September 25, 2001
Date

NOTIFICATION

SEP 28 2001

AMENDED LABEL

3 7 5

FREEDOM

SPOT ON

A SPOT ON FOR BITING FLY PROTECTION

KILLS AND REPELS HORN FLIES, FACE FLIES, STABLE FLIES AND HOUSEFLIES
FOR UP TO TWO WEEKS

FOR USE ON HORSES ONLY

ACTIVE INGREDIENT

PERMETHRIN* [CAS# 52645-53-1]	65.00%
INERT INGREDIENT	35.00%
TOTAL	100.00% [w/w]

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

KEEP OUT OF REACH OF CHILDREN

CAUTION

NOTIFICATION

SEP 28 2001

SEE BACK PANEL FOR PRECAUTIONARY STATEMENTS

READ ALL DIRECTIONS BEFORE USING THIS PRODUCT

Star Horse Products, Inc.
262 West Washington Street
Ridgeland, MS 39157

EPA Registration No. 72969-1
EPA Establishment No. 6175-LA-1

Each vial provides 14 days protection

NET CONTENTS: 2 x 6 cc applicators

Package contains a four [4] week supply

**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 the Rocky Mountain Poison Control Center at 1-303-595-4869

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 old

Ready to use, no dilution necessary

Hold card in upright position. Point tip of tube up and away from user's face and body, then cut along the dotted line, using the cc marks on the body of the applicator as a guide apply the SBP-2001 as follows by gently squeezing the applicator:

One 14 day supply [this should be printed on the card at the top of each vial]

- 1] streak 1 cc on top of the croup.
- 2] streak 1 cc on the forehead under the forelock; take care to keep away from eyes and mucous membranes.
- 3] spot 1 cc to the back of each front leg below the elbow [2 cc total]
- 4] spot 1 cc above each hock, on the gaskin muscle [2 cc in total]

Place empty applicator in trash

Do not reapply for 14 days.

WARRANTY

Star B.P. Inc., warrants that this product conforms to the chemical description on the label. Star B.P. 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. Star B.P. 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.