

73510-3

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	<input type="checkbox"/> Registration	OPP Identifier Number 284027
		<input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	

Application for Pesticide - Section I

1. Company/Product Number 73510-3	2. EPA Product Manager G. T. LARocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) MQHP-1 SPOTON	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) MARKETQUEST INC 746 WALKER ROAD, SUITE 10-301 GREAT FALLS VA 22066 <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 _____	NOTIFICATION MAR 20 2002
<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.)

MINOR VERBAGE CHANGE ON LABEL SEE ACCOMPANYING LETTER AND HIGHLIGHTED (BOLD) LABEL

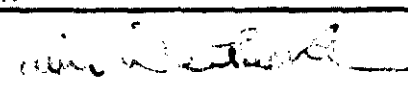
Section - III

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 <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 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.)

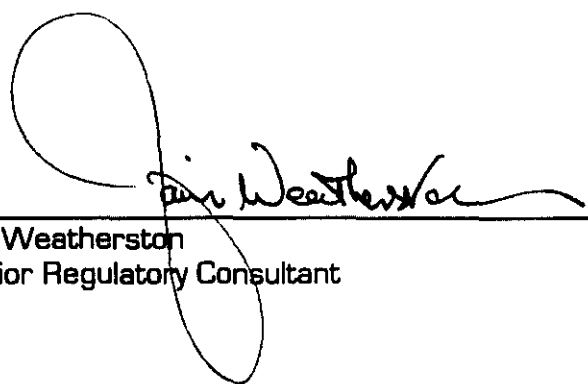
Name IAN WEATHERS	Title SENIOR REGULATORY CONSULTANT	Telephone No. (Include Area Code) 613-535-4060
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Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title SENIOR REGULATORY CONSULTANT		
4. Typed Name IAN WEATHERS	5. Date MARCH 14, 2002		

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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 98-10 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

NOTIFICATION

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MQHP-1

SPOT-ON

FOR BITING FLY PROTECTION

- Kills and repels 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

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

NOTIFICATION

CAUTION

MAR 20 2002

SEE BACK PANEL FOR PRECAUTIONARY STATEMENTS

READ ALL DIRECTIONS BEFORE USING THIS PRODUCT

MarketQuest Inc.
 746 Walker Road, Suite 10-301
 Great Falls, VA 22066

EPA Registration No. 73510 - G

EPA Establishment No. ????

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

**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 International Poison Control Center at 1-877-757-4943

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 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 MQHP-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 of each front leg [2 cc total]
- 4] spot 1 cc over the plantar surface of the tarsus of each hind leg [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 Simulid blackflies whereby the horses develop a hypersensitive reaction to the saliva of the female insects.

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WARRANTY

MarketQuest Inc., warrants that this product conforms to the chemical description on the label. MarketQuest 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. MarketQuest 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.