

73545-13

11/05/2004

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Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

		United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
<b>Application for Pesticide - Section I</b>				
1. Company/Product Number 73545-13		2. EPA Product Manager Mary L. Waller		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) TOPSIN 4.5FL		PM# 21		
5. Name and Address of Applicant (Include ZIP Code) Cerexagri, Inc. agent for Nisso TM LLC 630 Freedom Business Center, Suite 402 King of Prussia, PA 19406  <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 _____		
<b>Section - II</b>				
<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.		
<b>NOTIFICATION</b> <b>NOV - 5 2004</b>				
<b>Explanation:</b> Use additional page(s) if necessary. (For section I and Section II.)  Notification of additional pest. 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 willfully 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.				
<b>Section - III</b>				
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) _____	
* Certification must be submitted				
3. Location of Net Contents Information		4. Size(s) Retail Container		5. Location of Label Directions
<input type="checkbox"/> Label <input type="checkbox"/> Container				<input type="checkbox"/> _____
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 _____		
<b>Section - IV</b>				
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)				
Name Timothy M. Formella		Title Manager, Product Registration		Telephone No. (Include Area Code) 610-491-2813
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)  <div style="border: 1px dotted black; height: 100px; width: 100%;"></div>
2. Signature 		3. Title Manger, Product Registration		
4. Typed Name Timothy M. Formella		5. Date October 19, 2004		



# Supplemental Label

NOTIFICATION

NOV - 5 2004

## TOPSIN<sup>®</sup> 4.5FL THIOPHANATE-METHYL FUNGICIDE

EPA Reg. No. 73545-13

### DIRECTIONS FOR USE ON STRAWBERRIES FOR CONTROL OF CROWN ROT

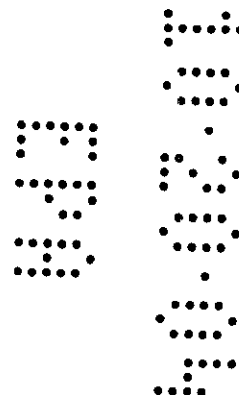
It is a violation of Federal Law to use this product in a manner inconsistent with its label. This supplemental label and the federally registered label must be in the possession of the user at the time of pesticide application. Follow all applicable directions, restrictions, Worker Protection Standard requirements, and precautions on the EPA registered label.

#### DIRECTIONS FOR USE

Disease	Fl. Oz. product per acre	Remarks
Crown Rot * ( <i>Colletotrichum</i> spp.) suppression only	15-20	Begin applications after establishment of the transplants and continue thru late bloom at 10- to 14-day intervals. Use the high rate if the fields have a history of <i>Colletotrichum</i> crown rot and/or conditions are favorable for development of the disease. Do not apply more than 80 fl. oz. of product (2.8 lbs. a.i.)/A/season. Pre-harvest interval: 1 day

\* Not registered for this use in California.

Cerexagri, Inc.  
630 Freedom Business Center, Suite 402  
King of Prussia, PA 19406



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October 19, 2004

VIA: UNITED PARCEL SERVICE

Document Processing Desk (NOTIF)  
Ms. Sherada Hobgood  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Room 266A, Crystal Mall 2  
1801 South Bell Street  
Arlington, VA 22202-4501

**RE: Notification per PR Notice 98-10  
Topsin 4.5FL, EPA Reg. No. 73545-13  
Topsin M WSB, EPA Reg. No. 73545-16**

Dear Ms. Hobgood:

Cerexagri, Inc. herein submits registration amendments, consistent with the notification provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, for Topsin 4.5FL (EPA Reg. No. 73545-13) and Topsin M WSB (EPA Reg. No. 73545-16).

This notification reflects the addition to the labels of these thiophanate-methyl end-use products the disease Crown Rot (*Colletotrichum* spp.). This fungal disease is being added to the directions for use on strawberries. The application rate, REI, and PHI for Topsin use on strawberries remain the same.

Under PRIA no fee is required for these notification actions.

Enclosed please find the following materials to support this registration notification:

1. Completed Application for Pesticide Registration forms (EPA Form 8570-1) for Topsin 4.5FL and Topsin M WSB.
2. For each product, five (5) copies of a supplemental label with directions for use on strawberries to control Crown Rot. This disease will be added to the main Section 3 package labels at the next printing.

If you have any questions regarding this submission please call me at 610-491-2813.

Sincerely,

Timothy M. Formella  
Manager, Product Registration