

December 1, 2004

Carrie M. Buck
Product Registration Coordinator
Micropel, LLC
P.O. Box 434
Florham Park, NJ 07932

Subject: Notification in Accordance with PR Notice 98-10
Micropel™ 5 PVC
EPA Registration Number 81348-3
Application Dated November 16, 2004

Dear Ms. Buck:

This will acknowledge receipt of your notification, submitted under the provisions of PR Notice 98-10, FIFRA section 3 (c) 9.

Proposed Notification:

Alternate Brand Name:

- Micropel 5 PVC L

General Comment:

Based on a review of the material submitted, the following comment apply.

A copy of the accepted notification has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact me at (703) 308-6422 or Lisa McKelvin at (703) 308-7496.

Sincerely,



Adam Heyward

Product Manager 34

Regulatory Management Branch II
Antimicrobials Division (7510C)

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TROY CORPORATION

Via Courier Delivery

November 17, 2004

Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
1801 S. Bell Street
Arlington, VA 22202
ATTN: Mr. Adam Heyward, Team 34

**RE: Micropel™5 PVC
EPA Reg. No. 81348-3
Notification of Alternate Brand Name per PR Notice 98-10**

Dear Mr. Heyward:

Troy Corporation submits herewith an application for Pesticide Notification to propose an alternate brand name for Micropel 5 PVC (EPA Reg. No. 81348-3) in accordance with PR Notice 98-10. The alternate brand name for Micropel 5 PVC is as follows:

“Micropel 5 PVC L”

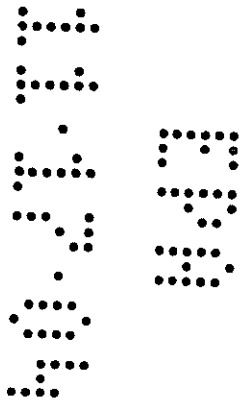
To support this Notification of Alternate Brand for Micropel 5 PVC L, I am submitting an Application for Pesticide Notification, which includes a signed statement certifying compliance with PR Notice 98-10. Also enclosed is a copy of the label with the changes clearly marked.

If you have any questions or require further information, please contact me directly at (973) 443-4200 Ext. 2206 or by email at buckc@troycorp.com.

Sincerely,


Carrie M. Buck
Product Registration Coordinator

Enclosures



Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

 EPA	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
	Application for Pesticide - Section I		

1. Company/Product Number 81348-3	2. EPA Product Manager Adam Heyward	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Micropel 5 PVC	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Micropel, LLC P.O. Box 434 Florham Park, NJ 07932 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(l), 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 _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below

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

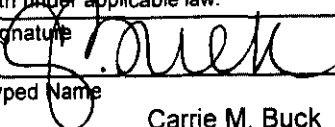
Notification of Alternate Brand Name per PR Notice 98-10

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. § 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 § 12 and § 14 of FIFRA.

Section - III

Material This Product Will Be Packaged In:				2. Type of Container	
<input type="checkbox"/> d-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	<input type="checkbox"/> Unit Packaging <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> If "Yes" Unit Packaging wgt. <input type="checkbox"/> No. per container	<input type="checkbox"/> If "Yes" Package wgt. <input type="checkbox"/> No. per container
*Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 1 gallon to bulk		5. Location of Label Directions <input checked="" 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 checked="" 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 Carrie M. Buck	Title Product Registration Coordinator	Telephone No. (include Area Code) (973) 443-4200 Ext. 2206
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 Product Registration Coordinator	
4. Typed Name Carrie M. Buck	5. Date November 16, 2004	

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

Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling.

FIRST AID	
IF SWALLOWED:	<ul style="list-style-type: none"> • Call 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 the poison control center or doctor. • Do not give anything by mouth to an unconscious person.
IF IN EYES:	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing the eye. • Call a poison control center or doctor for further treatment advice.
IF ON SKIN OR CLOTHING:	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes. • Call a poison control center or doctor for further treatment advice.
IF INHALED:	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911, or an ambulance, then give artificial respiration preferably by mouth-to-mouth, if possible. • Call a poison control center or doctor for further treatment advice.
HOTLINE NUMBER:	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. <i>You may also contact 1-800-222-1222 for emergency medical treatment information.</i>	
NOTE TO PHYSICIAN:	
Probable mucosal damage may contraindicate the use of gastric lavage.	

MICROPEL™ 5 PVC L
Solid Resin Carrier
Bacteriostatic & Fungistatic Additive for Plast

EPA Reg. No. 81348-3
EPA Est. No. 81348-AZ-001

ACTIVE INGREDIENT:
10,10'-oxybisphenoxarsine.....
(total arsenic as elemental As-1.5%)
(Water soluble arsenic as elemental As-less than 0.01%)

INERT INGREDIENTS.....
TOTAL.....

KEEP OUT OF REACH OF CHILDREN

CAUTION

**READ THIS LABELING BEFORE USING
SEE RIGHT PANEL FOR ADDITIONAL PRECAUT**

MICROPEL LLC
P.O. Box 434

Florham Park New Jersey 07932

Net Weight: _____

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