

82810-1

2/17/2009

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

FEB 17 2009

Timothy H. Dickens, Ph.D.
Registered Agent
DermAegis, Inc.
c/o Scientific Coordination, Inc.
4629 Cherry Valley Drive
Rockville, MD 20853

RE: Notification to add Marketing Statement and Graphics
EPA Reg. No.: 82810-1
Date of Submission: November 24, 2008

Dear Dr Dickens:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated November 24, 2008, for the product DermAegis LipoDEET Insect Repellent 302. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Joyce Edwards of my staff at 703-308-5479.

Sincerely,

A handwritten signature in black ink, appearing to be "Linda Arrington".

Linda Arrington
Notifications & Minor Formulations Team Leader
Registration Division (7505P)
Office of Pesticide Programs

2008

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

1. Company/Product Number 82810-1	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) DermAegis LipoDEET Insect Repellent 302	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) DermAegis, Inc. c/o Scientific Coordination, Inc. 4629 Cherry Valley Dr. Rockville, MD 20853		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical to _____ and labeling to: EPA Reg. No. _____ FEB 17 2009 Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" 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 checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

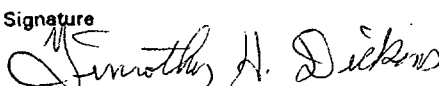
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

"Notification to add marketing statements and graphics 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. 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."

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2, 4, 4.5, 6, 8 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product			<input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Stenciled		
			<input checked="" type="checkbox"/> Other Shrink Wrap		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Timothy H. Dickens	Title Authorized Agent	Telephone No. (Include Area Code) 301-570-4390
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 both under applicable law.		6. Date Application Received (Stamped) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
2. Signature 	3. Title Authorized Agent	
4. Typed Name Timothy H. Dickens, Ph.D.	5. Date 24 November 2008	

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SCIENTIFIC COORDINATION, INC.

Helping Technology Transfer
4629 Cherry Valley Drive
Rockville, MD 20853

November 24, 2008

Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501
ATTN: Linda Arrington

Subject: DermAegis LipoDEET Insect Repellent 302
EPA Reg. No. 82810-1
NOTIFICATION

Dear Ms. Arrington:

By notification, our Client, DermAegis, Inc. is adding the following to the subject product label:

1. Marketing statements: [Travel Size] Meets Airline [3 oz.] Carry-On Requirements, Liposome formula
2. Lot number
3. Addition of graphics:



Enclosed, please find the following:

1. Application for Pesticide (Other), EPA Form 8570-1;
2. One copy of a final label as a reference illustrating all label revisions; and
3. Two copies of the final label.

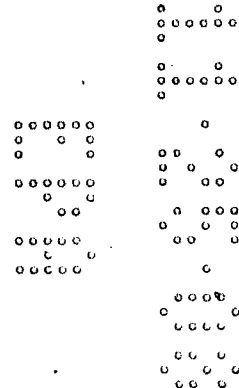
We would appreciate receiving a copy of the label stamped approved – notification.

If you have any questions or comments regarding this submission, please do not hesitate to contact me at (301) 570-4390 or by e-mail at dickensth@aol.com.

Sincerely,

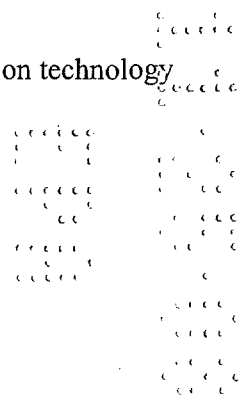
Timothy H. Dickens, Ph.D.
Registered Agent

encl./as listed



~ OPTIONAL MARKETING LANGUAGE ~

1. [Travel Size] Meets Airline [3 oz.] Carry-On Requirements
2. Liposome formula
3. Provides Protection against Mosquitoes for 11 hours
4. [Enjoy] 11 hours of protection from mosquitoes
5. Lasts [for] 11 hours [against mosquitoes][that may carry West Nile Virus]
6. [Proven][Effective] protection for 11 hours against mosquitoes
7. Repels mosquitoes that may carry West Nile Virus for 11 hours
8. Repels mosquitoes that may carry St. Louis encephalitis and Western equine encephalitis for 11 hours
9. Repels biting insects for 4 hours
10. 30% DEET
11. Insect Repellent
12. Lotion
13. Repels Mosquitoes
14. Odorless After Application
15. Effective [Unscented] Protection From Mosquitoes, Gnats, No-See-Ums, Sand Flies, Biting Flies, Deer Flies, Stable Flies, Black Flies, Ticks, Chiggers, Red Bugs and Fleas
16. Non-greasy
17. Non Staining
18. Resists Perspiration
19. Patented Liposome Formula provides unique insect repellent formulation technology available only in this product.
20. Family•Daytime•Fishing [Formula]



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The following graphics and symbols have been added:



NOTIFICATION

FEB 17 2009

