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

DATA CALL-IN RESPONSE

Form Approved.

OMB Control Nos.
2070-0057; 2070-0107;
2070-0122; 2070-0164

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average XXXX hour per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Do not send the form to this address.

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheets if necessary.

1. Company Name and Address	**2. Case # and Name** **Chemical # and Name**	**3. Date and Type of DCI**

4. EPA Product Registration	**5. I wish to cancel this product registration voluntarily**	**6. Generic Data**		**7. Product Specific Data**	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	**6b. I agree to satisfy Generic Data requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response."**	**7a. My product is an MUP and I agree to satisfy the MUP requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response."**	**7a. My product is an EUP and I agree to satisfy the EUP requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response."**

8. Certification I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fin or imprisonment or both under applicable law. Signature of Company's Authorized Representative _____	**9. Date**
10. Name and Title (Please Print or Type)	**11. Phone Number**

EPA Form _____