



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

## REQUIREMENTS STATUS AND REGISTRANT'S 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<br>Chemical # and Name |   |   | 3. Date and Type of DCI |                   |               |                        |
|---------------------------------|----------------|--------------------------------------|---|---|---|-------------------------|-------------------|---------------|------------------------|
| 4. Guideline Requirement Number | 5. Study Title | P<br>R<br>O<br>T<br>O<br>C<br>O<br>L | Progress Reports                          |   |   | 6. Use Pattern          | 7. Test Substance | 8. Time Frame | 9. Registrant Response |
|                                 |                |                                      | 1   | 2 | 3 |                         |                   |               |                        |
|                                 |                |                                      |   |   |   |                         |                   |               |                        |
|                                 |                |                                      |   |   |   |                         |                   |               |                        |
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**10. 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 \_\_\_\_\_

**11. Date**

**12. Name and Title (Please Print or Type)**

**13. Phone Number**