 0MB No. 2070-0600 and 2070-0174; Expiration Date: 6/30/2025 and 6/30/2025

EPA

Environmental Protection Agency
Washington, DC 20460

☐ Alternative Formulation

See Instructions on Back

Office of Pesticide Programs (7505C) - Confidential Statement of Formula

1. Name and Address of Applicant/Registrant *(Include ZIP Code)*	2. Name and Address of Producer *(Include ZIP Code)*	
3. Product Name	4. Registration No./File Symbol	5. EPA Product Mgr/Team No.
	7. Pounds/Gal or Bulk Density	8. pH

6. Country Where Formulated

9. Flash Point/Flame Extension

EPA USE ONLY	10. Components in Formulation *(List as actually introduced into the formulation. Give commonly accepted chemical name, trade name, end GAS number.)*	11. Supplier Name & Address	12. EPA Reg. No.	13. Each Component in Formulation a. Amount	b. % by Weight	14. Certified limits% by Weight 1. Upper Limit	b. Lower Limit	15. Purpose ,n Formulation
16. Typed Name of Approving Official				17. Total Weight	100%			

18. Signature of Approving Official | 119. Title | 120. Phone No. (In<lude Area Codel | 21. Date

EPA Form 8570-4 (Rev. 8-941 White · EPA File Copy (original) Pink - Applicant

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U.S. OPO: 1996·388-820/20414

Instructions and Paperwork Act Notice
Please Read Carefully Before Completing This Form

Paperwork Reduction Act Notice

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et. seq. OMB Control No. 2070-0060 and 2070-0174. Responses to this collection of information are mandatory 40 CFR 158. An agency may not conduct or sponsor, an a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and record keeping burden for this collection of information is estimated 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions

The complete chemical composition of each pesticide must be known so it can he evaluated for registration under the Federal Insecticide, Fungicide, and Rodenticide Act, as amended.

This form is designed for reporting the ingredients used in the formulation of a pesticide product. It must be completed and submitted with each application for new registration of a pesticide and application for amended registration if the revision involves a formula change.

Block A: Check the appropriate action for which you are submitting the form.

Block B: Number all pages consecutively. Enter on each page the total number of pages submitted. If more than one page is required, number them "1 of 2", "2 of2", "3 of 3", etc.

1. Name and Address of Applicant/Registrant: Enter the name and address of your firm or authorized agent.

2. Name and Address of Producer: Specify the name of the producer and the address of the site where this product will be produced.

3. Product Name: Specify the complete name of this pesticide product as it will appear on the label. This name must be the same as that which appears on the application form.

4. Rcgistlation Number/Filc Symbol: Enter the EPA registration number or file symbol, if known for this product

5. EPA Product Manager/Team Number: Enter the name and team number of the EPA Product Manager assigned to this product, if known.
6. Country Where Formulated: Specify the country where this product is formulated

7. Weight per Gallon/Bulk Density: For a liquid product specify pounds per gallon of formulated product. For a powder or granular product, enter the hulk density of formulated product (as used). Enter weight per unit if the product is produced as a tablet, briquette, or other uniformly shaped product
8. pH: Enter the pH of aqueous formulations and products which are either dispersible or soluble in water. If not applicable enter "N/A".

9. Flash Point/Flame Extension: Specify the flash point as determined by the regulations for pressurized products and/or products known or suspected to burn. State the results of the flame extension test for pressurized products including positive flashbacks.

10. Components in Formulation: List as actually introduced into the formulation. For each component in your formulation, provide the product name, commonly accepted chemical, the trade name, and the Chemical Abstract (CAS) number for each identifiable ingredient present in the product. CAS numbers may be obtained from the Chemical Abstract Service of the American Chemical Society, Columbus, OH. For each original and alternate source of each active ingredient in the product, indicate the percent purity of the manufacturing use product, technical product, or other source of active ingredient. If one or more components will be obtained from more than one source, enter all alternate sources and all alternate EPA Reg. Nos. in blocks 10, 11, and 12 or on a separate attachment.

Attention: (*Special Instructions for Columns 10, 13, and 14*) Any impurities greater than or equal to 0.1% (or less than 0.1% if the impurity is toxicologically significant) which are associated with the active ingredient(s) of n technical grade (manufacturing or reformulating use) product or an end use product produced by an integrated formulations system should also be listed in column 10, and the corresponding amount, percent by weight, and upper certified limits in columns I3 and 14.

11. Supplier Name and Address: Provide the name and address of the supplier of each component in the formulation. If one or more components will be obtained from more than one source, specify the names addresses of the alternate sources also.

12. EPA Reg. No.: Specify the EPA registration number, if any, for each active ingredient in the formulation. If an unregistered active ingredient is used, have the suppliers submit the chemical specifications, as well as any data required under 40 CFR Part 158.

13. Each Component in Formulation a. Amount: Specify the quantity of each component as actually introduced into the formulation. Units (e.g., pounds, grams, gallons, liters) should be expressed as used in the formulation. If the quantity is a liquid measure, enter the volume and the specific gravity or the pounds per gallon of the component.

b. Percent by Weight: Specify the weight percentage of each component in your formulation. Check Your Calculations. Note that the weight percentage in many cases will not agree with that shown on the label ingredient statement where the weight percentage of the per active ingredient(s) must he declared. **Attention: Producers of Microbial Products:** Special Instructions for

Column 13b.) Please state the percent of active ingredient in British International Units (BIUs). International Toxic Units (ITUs). Polyhedral Inclusion Bodies (PIBs)(viruses), Colony Forming Units (CFUs)(Fungi), as
appropriate, and include an equivalent statement of active ingredient per milligram, ounce, pound, etc. of product (e.g., a 50% active Bacillus thuringiensis product may have an equivalency value of 1.59 million Aedis aegypti ITU per pound of product.

14. Certified Limits: These limits are to be set based on representative sampling and chemicnl analysis (i.e., quality control) of the product.

a. **Upper Limit:** Specify the maximum percentage of each active ingredient, intentionally added inert ingredient, and any impurities greater than 0.1% to he permitted in the product.

b. Lower Limit: Specify the minimum percentage of each active ingredient and intentionally added inert ingredient to he permitted in the product.

15. Purpose In Formulation: Specify the purpose of each ingredient both active and inert. (For example, disinfectant, herbicide, synergist surfactant, defoamer, sequestrant, etc.) If space is insufficient, abbreviate.

16. Typed Name of Approving Offirial: Complete this item for identification of individual to he contacted if necessary

17. Total Weight: Specify the total weight of the batch (column 13a.)
18-21: Complete these items for identification of individual to be contacted if necessary.