

Please read instructions on reverse before completing form.

Form Approved, OMB No 2070-0226

OPP Identifier Number



United States  
Environmental Protection Agency  
Washington, DC 20460

- Registration
- Amendment
- Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number <input style="width: 95%;" type="text"/>	2. EPA Product Manager <input style="width: 95%;" type="text"/>	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <input style="width: 95%;" type="text"/>	PM# <input style="width: 95%;" type="text"/>	
5. Name and Address of Applicant (Include ZIP Code)  <input style="width: 95%; height: 40px;" type="text"/>  <input type="checkbox"/> Check if this is a new address		6. Expedited Review <input type="checkbox"/> A. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name: _____  <input type="checkbox"/> B. In accordance with PRIA, my product is eligible for expedite under the voucher for novel mosquito control program

### 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.)

### Section - III

<b>1. Material This Product Will Be Packaged In:</b>			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input 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 type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container <input style="width: 95%;" type="text"/>	5. Location of Label Directions <input 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 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 <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>	Telephone No. (Include Area Code) <input style="width: 95%;" type="text"/>
<b>Certification</b> 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  <b>(Stamped)</b>
2. Signature <input style="width: 95%; height: 30px;" type="text"/>	3. Title <input style="width: 95%;" type="text"/>	
4. Typed Name <input style="width: 95%;" type="text"/>	5. Date <input style="width: 95%;" type="text"/>	

## **PAPERWORK REDUCTION ACT NOTICE and INSTRUCTIONS**

**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. 2070-0226. Responses to this collection of information are mandatory under 40 CFR part 2, Section 3 and 3(e), Section 11, Section 5, Section 6(a)(2), and Section 408). An Agency may not conduct or sponsor, and a person is not required 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 to average 0.85 hour per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this 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:** This form is to be used all applications for new registration, amendment, resubmission, to applications for notifications, final printed labeling, reregistration, etc. In order to process an application for a new registration submitted on this form, the following material must accompany the application:

1. Certification with Respect to Citation of Data (EPA Form 8570-34). [If not exempted by 40 CFR 152.81(b)(4)].
2. Confidential Statement of Formula (EPA Form 8570-4);
3. Formulator's Exemption Statement (EPA Form 8570-27);
4. Five copies of draft labeling;
5. Three copies of any data submitted;
6. Authorization letter where applicable;
7. Data Matrix.

**Submission of Labeling** -Labeling should first be submitted in the form of draft labeling with all applications. Such draft labels may be in the form of typed label text on 8.5x 11-inch paper for submission or a mockup of the proposed label. If prepared for mockup, it should be constructed in a way as to facilitate storage in an 8.5 x 11-inch file. Mockup labels significantly smaller than 8.5 x 11 inches should be mounted on 8.5 x 11-inch paper for submission.

**Submission of Data** -Data submitted in support of this application must be submitted in accordance with PR Notice 86-5.

**SPECIFIC INSTRUCTIONS:** Please read the instructions listed below before completing this application. First determine the type of registration action, listed in Block A, for which you are submitting this application. For applications submitted in connection with new registration actions, Sections I, III, and IV must be completed by the applicant. For applications submitted in connection with amendments actions, resubmissions, notifications, reregistrations, etc., Sections I, II, and IV must be completed by the applicant.

**Block A** - Check the appropriate action for which you are submitting this form.

**SECTION I** - The section must be completed, as applicable, for all registration actions.

1. **Company /Product Number** - Insert your company number if one has been assigned by EPA. This number may have been assigned to you as a basic registrant, a distributor, or as an establishment. If your product is registered, insert the Product Number.
2. **EPA Product Manager** -If known, fill in the name and PM number of the EPA Product Manager.
3. **Proposed Classification** -Specify the proposed classification of this product. For most products the classification would be “None”.
4. **Product Name** -Enter the complete product name of this pesticide as it will appear on the label. The name must be specific to this product only. Duplication of names is not permitted among products of the same company. Do not include any brand name or company line designations.
5. **Name and Address of Applicant** -The name of the firm or person and address shown in your application is the person or firm to whom the registration will be issued. If you are acting on behalf of another party, you must submit authorization from that party to act for them in registration matters. An applicant not residing in the United States must have an authorized agent residing in the United States to act for them in all registration matters. The name and complete mailing address of such an agent must accompany this application.
6. **Expedited Review** -FIFRA section 3(c)3(B) provides for expedited review of applications for registration, or amendments to existing registrations, that are similar or identical to other pesticide products that are currently registered with the EPA. In order for your application to be eligible for expedited review, you must provide us with the EPA Registration Number and product name of the product you believe is similar to or identical to your product. The product must be similar or identical in both formulation and labeled uses. PRA 5 also provides another opportunity for expedited review of applications for registration. You must provide a copy of a new mosquito control program as part of EPA's new Vector Expedited Review Voucher (VERV) program.

**SECTION II** -This section must be completed for all applications submitted to amend the registration only of a currently registered product (Amendment), for the submission in response to an Agency letter, for notifications to the Agency, for the submission of final printed labeling, for reregistration and for any other action that pertains to a specific EPA registered product. **The Explanation Section should be used for any additional information regarding Sections I and II.**

1. **Subject of submission** -Check the applicable block and provide the Agency letter date if appropriate. Provide a brief explanation of the purpose(s) for the submission, such as “the addition of a site, pest or crop (specify)”; “amend the Confidential Statement of Formula by...”; “reregistration submission”; “general label revision of direction for use”, “notification for...”. Attach a separate page if additional space is needed.

**SECTION III** - This Section must be completed for all applications submitted in connection with new registration or applicable amendments.

1. **Type of Packaging** -Check the appropriate block if your product will be packaged in the indicated packaging types. Indicate the size of the individual packets and number per retail container.
2. **Type of Retail Container**- Indicate type of container in which product will be marketed.
3. **Location of Net Contents** -Indicate the location of the net contents information for your product.

4. **Size(s) of Retail Container** -Specify the net contents of all retail containers for your product.
5. **Location of Use Directions** -Indicate the location of the use directions for your product.
6. **Manner in which label is affixed to product** -Indicated the method product label is attached to retail container.

**SECTION IV** - (Contact Point) -This section must be completed for all applications for Registration actions, i.e., new products registration, resubmission, "me-too," reregistration, etc.

- 1-5. Self-explanatory
6. EPA Use Only