

54287-2

11/30/2009

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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

Timothy H. Dickens, Ph.D.  
Scientific Coordination, Inc.  
For Associated Registrations  
4629 Cherry Valley Drive  
Rockville, MD 20853

JAN 30 2009

**SUBJECT:** Application for Pesticide Notification (PRN 98-10)  
Request Marketing Statements (Travel Size)  
EPA Reg. No. 54287-2  
Application Dated December 18, 2008

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 12/18/08 for the above product. 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 Owen F. Beeder of my staff at 703-308-8899.

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

2007

Please read instructions on reverse before completing form.

NOTIFICATION

OMB No. 2070-0060. Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

 Registration  
 Amendment  
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 54287-2	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SUPER GUARD INSECT REPELLENT	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Associated Registrations, Inc. c/o Scientific Coordination, Inc. 4629 Cherry Valley Drive Rockville, MD 20853  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: <b>NOTIFICATION</b> EPA Reg. No. <u>JAN 30 2009</u> Product Name _____	

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 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:				2. Type of Container	
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		<input checked="" type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
					<input type="checkbox"/> Glass
					<input type="checkbox"/> Paper
					Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 0.5 thru 10 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> 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 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 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 or both under applicable law.		6. Date Application Received (Stamped)
2. Signature <i>Timothy H. Dickens</i>	3. Title Authorized Agent	
4. Typed Name Timothy H. Dickens	5. Date 18 December 2008	

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**Scientific Coordination, Inc.**  
*Helping Technology Transfer*  
4629 Cherry Valley Drive  
Rockville, MD 20853  
December 18, 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: Super Guard Insect Repellent  
EPA Reg. No. 54287-2  
NOTIFICATION

Dear Ms. Arrington:

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

1. Marketing statements: [Travel Size] Meets Airline [3 oz.] Carry-On Requirements

2. Addition of graphics:



Enclosed, please find the following:

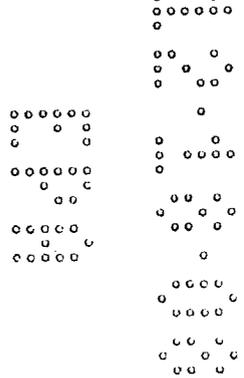
- 1. Application for Pesticide (Other), EPA Form 8570-1
- 2. One copy of a reference label illustrating all label revisions.
- 3. Two copies of the final label.

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

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 yours,

Timothy H. Dickens  
Authorized Agent





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**DIRECTIONS FOR USE**

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **READ AND FOLLOW ALL DIRECTIONS AND PRECAUTIONS ON THIS PRODUCT LABEL. DO NOT** spray [squirt] in enclosed areas. Avoid breathing a spray product and **DO NOT** use it near food. Spray and spread evenly with your hand to moisten all exposed skin. Use just enough repellent to cover exposed skin and/or clothing. Avoid over-application of this product. **DO NOT** use under clothing. **DO NOT** spray [squirt] directly onto face. If used on the face, spray [squirt] on palm of hands first and then apply sparingly to face. **DO NOT** apply near eyes and mouth. Apply sparingly around ears. **DO NOT** apply over cuts, wounds or irritated skin. Apply to clothing such as shirts, pants, hat and socks. For ticks and chiggers also apply to shirt, pant cuffs, socks, shoe tops and around other openings in outer clothing. After returning indoors, wash treated skin with soap and water or bathe. Wash treated clothing before wearing it again. **DO NOT** allow children to handle this product, and **DO NOT** apply to children's hands. When using on children, apply to your own hands and then put it on the child. **Use of this product may cause skin reactions in rare cases. If you suspect a reaction to this product, discontinue use, wash treated skin and call your local poison control center. If you go to a doctor, take this repellent product with you.** NOTE: Will not damage cotton, wool or nylon. **DO NOT** apply on or near acetate, rayon, Spandex or other synthetic fabrics (other than nylon), furniture, plastics (such as eyeglasses and watch crystals), leather and painted or varnished surfaces (including automobiles)."

**STORAGE AND DISPOSAL**

**Pesticide Storage:** Store this product in a cool, dry place that is inaccessible to children. **Pesticide Disposal: If empty:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. **If partly filled:** Call your local solid waste agency [or toll free number or website which meets the criteria in paragraph II.E., PR Notice 2007-1] for disposal instructions. Never place unused product down any indoor or outdoor drain.

**PRECAUTIONARY STATEMENTS****Hazards to Humans & Domestic Animals**

**WARNING:** Causes substantial but temporary eye injury. Do not get in eyes. Harmful if swallowed. Wash hands thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet.

**FIRST AID**

If Swallowed	<ul style="list-style-type: none"> <li>• Call a poison control center or doctor immediately for treatment advice.</li> <li>• Have person sip a glass of water if able to swallow.</li> <li>• Do not induce vomiting unless told to do so by the poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul>
If In Eyes	<ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<p>Have the product container or label with you when calling a poison control center or doctor, or going for treatment. For additional information on this pesticide product (including health concerns, medical emergencies or pesticide incidents), you may call 1-800-940-4464, Monday through Friday, 9 a.m. to 5 p.m. EST. After 5 p.m., call your poison control center.</p>	
<p><b>NOTE TO PHYSICIAN:</b> Probable mucosal damage may contraindicate the use of gastric lavage.</p>	



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~ OPTIONAL LANGUAGE ~

1. Repels Black Flies, Chiggers, Deer Flies, Fleas, Gnats, Mosquitoes, Stable Flies and Ticks On Exposed Skin Surfaces
2. Value Size
3. Low Odor Formula
4. MAXI DEET™ FORMULA
5. DEET Spray Pump (Spray) (Squirt)
6. Up to 10 Hours Protection from mosquitoes and biting flies
7. (Up To 10 Hours Protection Against) Mosquitoes, Biting Flies, Chiggers, Ticks, Fleas & Gnats
8. Repels mosquitoes that may carry West Nile Virus
9. Repels mosquitoes that may carry diseases
10. Repels mosquitoes that may carry (St. Louis) (Eastern equine) (Western equine) (Lacrosse) (Cache Valley) encephalitis
11. Repels ticks that may carry (Lyme disease) (Rocky Mountain Spotted Fever) (Tick Paralysis) (Ehrlichiosis) (Powassan Encephalitis)
12. Repels black flies
13. Provides up to 10 hours of protection from mosquitoes and biting flies: gnats, sand flies, stable flies, black flies.
14. Also repels ticks, chiggers and fleas from treated skin.
15. Heavy Biting
16. Heavy Mosquito Biting
17. Heavy Biting Insect Repellent Spray
18. [Travel Size] Meets Airline [3 oz.] Carry-On Requirements

**NOTIFICATION**

JAN 30 2009

