

82669-2

1/8/2009

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

January 8, 2009

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

Heather R. Bjornson  
Regulatory Assistant to HOMS, L.L.C.  
Technology Sciences Group, Inc.  
1150 18<sup>th</sup> St., NW, Suite 1000  
Washington, DC 20036

RE: Product Name: Bio-UD-8 Spray  
EPA Reg. No: 82669-2  
Application for label Notification Dated December 15, 2008 to Make Minor Label Change  
Under Directions For Use, Add Optional Label Claim and Add Two Alternate  
Brand Names: (1) Bite Blocker BioUD Insect Repellent and (2) Bite Blocker BioUD  
Clothing & Gear Insect Repellent

Dear Ms. Bjornson:

Registration Jacket Tracking System Logout Form

Reg-Number	<u>82669 - 2</u>	Processing Completed?	<input checked="" type="radio"/> Y <input type="radio"/> N
		1 non-unique Reg-Number	
		2 GRS w/unprocessed tranf	
Number labels for CLF:	<u>1</u>		
PLF Coding required?	Y <input checked="" type="radio"/> N		
S/P Coding required?	Y <input checked="" type="radio"/> N	Coder ID	<u>KS</u>
—Number S/P trans	<u>—</u>	Time	<u>.25</u>

Please read instructions on reverse before completing form.

Form Approved, UMB No. 2070-0080, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 82669-2	2. EPA Product Manager Linda Hollis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) BIO-UD-8 SPRAY	PM# BPPD/Biochemical Pesticides	
5. Name and Address of Applicant (Include ZIP Code) HOMS L.L.C P.O. Box 724 Clayton, NC 27520 <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: EPA Reg. No. _____ 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.)

This notification is to add two alternate brand names to the product's registration/label and is not subject to PRIA.

### NOTIFICATION

Date Reviewed: 1-8-09  
Reviewed By: D. Hudson

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
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		<input type="checkbox"/> Metal	<input 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
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
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 Heather R. Bjornson, Technology Sciences Group, Inc.	Title Regulatory Assistant	Telephone No. (Include Area Code) (202) 828-8945
<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 (Stamped)
2. Signature 	3. Title Regulatory Assistant to HOMS L.L.C.	
4. Typed Name Heather R. Bjornson	5. Date December 15, 2008	



**WASHINGTON**

1150 18th Street, N.W.

Suite 1000

Washington, D.C. 20036

Telephone 202 223-4392

Fax 202 872-0745

Linda Hollis  
Biopesticide and Pollution Prevention Division  
Office of Pesticide Programs  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202-4501

December 15, 2008

**SACRAMENTO**

712 Fifth Street

Suite A

Davis, CA 95616

Telephone 530 757-1298

Fax 530 757-1299

**RE: HOMS L.L.C.: BIO-UD-8 SPRAY (EPA Reg. No. 82669-2)**

**Notification per PR Notice 98-10**

Dear Linda:

Technology Sciences Group, on behalf of HOMS L.L.C., is submitting the enclosed notification to add two alternate brand names and make other minor text additions/revisions.

You will find the following in support of this notification:

- 1) Notification application form,
- 2) One copy of the redline label per alternate brand name, and
- 3) One clean copy of the label per alternate brand name.

Please do not hesitate to contact me with any questions at (202) 828-8945 or via e-mail: [hbjornson@tsgusa.com](mailto:hbjornson@tsgusa.com).

Sincerely,

Heather R. Bjornson  
Regulatory Assistant to HOMS L.L.C.

**CANADA**

275 Slater Street

Suite 900

Ottawa, Ontario

K1P 5H9

Telephone 613 247-6285

Fax 613 236-3754



**NOTIFICATION**

Date Reviewed: 1-8-09

Reviewed By: D. Hudson

Front panel

# Bite Blocker BioUD Insect Repellent

Repels mosquitoes for up to 4.5 hours

Repels mosquitoes that may carry West Nile Virus for up to 4.5 hours.

Protection for up to 4.5 hours from mosquitoes that may transmit West Nile Virus

Repels ticks and other arthropods

Repels mosquitoes that may transmit West Nile Virus

Repels ticks that may transmit Rocky Mountain Spotted Fever for up to two hours

Repels ticks that may transmit Lyme Disease for up to 2 hours

**ACTIVE INGREDIENT**

2-Undecanone [CAS# 112-12-9] ..... 7.75%

**OTHER INGREDIENTS** ..... 92.25%

TOTAL 100.00%

**KEEP OUT OF REACH OF CHILDREN**

**CAUTION**

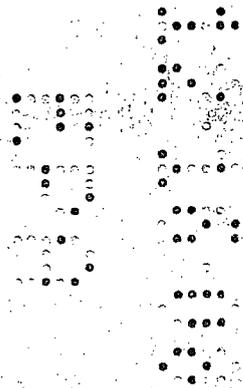
[See back panel for additional precautionary statements and the directions for use]

EPA Reg.No. 82669-2

EPA Establishment Number xxxxx-xx-xx

Net Contents: 4.0 oz 6.7 oz

Version 112608



### PRECAUTIONARY STATEMENTS

Harmful if swallowed. Causes moderate eye irritation. Avoid contact with eyes. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco.

### FIRST AID

#### IF SWALLOWED:

- Call a poison control center or doctor immediately for treatment advice.
- Have person sip a glass of water if able to swallow.
- Do not induce vomiting unless told to by a poison control center or doctor.
- Do not give anything to an unconscious person.

#### IF IN EYES

- Hold eye open and rinse slowly and gently with water for 15 - 20 minutes.
- Remove contact lenses after the first 5 minutes, then continue rinsing.
- Call a poison control center or doctor for treatment advice.

### HOT LINE NUMBER

Have product container or label with you when calling a poison control center or doctor or going for treatment. You may also contact the National Pesticide Information Center at 1-800-858-7378 (between 9.30 am and 7.30 pm) for emergency treatment advice.

### DIRECTIONS FOR USE

**It is a violation of Federal law to use this product in a manner inconsistent with its labeling**

**Read all directions before using this product.**

**An adult should apply this product to children under 10 years of age.**

**Do not allow children to apply this product**

#### General Instructions:

Shake well before using. This bottle is designed to spray upside down. For best results spray skin every 4.5 hours. For (extra) (added) protection apply to clothing. Do not apply to lips and keep out of eyes. Do not apply to hands of young children. For continuous protection against target pests, apply every 4.5 hours or after swimming, toweling or vigorous activity. [Wash treated areas of skin with soap and water after returning indoors].

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### STORAGE AND DISPOSAL

**Storage:** Store in original container in a cool, dry area inaccessible to children  
**Disposal:** Empty container by using the product according to label directions, then dispose of container in the trash or offer for recycling if available. Do not reuse the container.  
**If partially filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

Questions or comments. Call 1-888-270-5721 (between 9 am and 5 pm eastern time) or contact HOMS at [CustomerService@homs.com](mailto:CustomerService@homs.com)

HOMS L.L.C.  
P.O. Box 724  
Clayton, NC 27520

#### Optional Label Claims:

- Can be applied on skin & clothing

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**NOTIFICATION**

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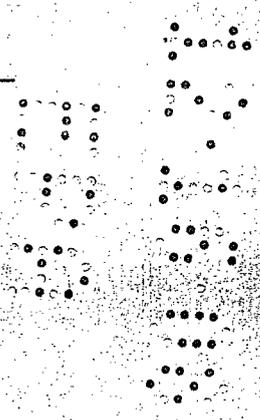
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HOMS L.L.C.  
P.O. Box 724  
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