Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060.

EPA

United States
Environmental Protection Agency
Washington, DC 20460

☐ **Registration**
☐ **Amendment**
☒ **Other**

OPP Identifier Number

Application for Pesticide – Section I

1. Company/Product Number Bayer CropScience LP / 264-RERN	2. EPA Product Manager Emily Schmid	3. Proposed Classification ☐ None ☒ Restricted
4. Company/Product (Name) Bayer CropScience LP / XtendiMax® With VaporGrip® Technology (M1768 Herbicide)	PM # 25	
5. Name and Address of Applicant *(Include ZIP Code)* Bayer CropScience LP 801 Pennsylvania Ave, NW – Suite 745 Washington, DC 20004 ☐ 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

☐ Amendment – Explain below.
☐ Resubmission in response to Agency letter dated
☐ Notification – Explain below.
☐ Final printed labels in response to Agency letter dated
☐ "Me Too" Application.
☒ Other – Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)
Bayer Crop Science is submitting pH data from humidome testing of tank mixes with and without MON 51817 to support the 2020 registration decision for XtendiMax® With VaporGrip® Technology (M1768 Herbicide), EPA Reg. No. 264-RERN.

Section – III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging	Unit Packaging	Water Soluble Packaging	2. Type of Container
☐ Yes* ☐ No ***Certification must be submitted***	☐ Yes ☐ No If "Yes" Unit Packaging wgt. / No. per Container	☐ Yes ☐ No If "Yes" Package wgt. / No. per Container	☐ Metal ☐ Plastic ☐ Glass ☐ Paper ☐ Other (Specify)

3. Location of Net Contents Information	4. Size(s) Retail Container	5. Location of Label Directions
☐ Label ☐ Container		☐ On Label ☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product
☐ Lithograph
☐ Paper glued
☐ Stenciled
☐ Other _____

Section – IV

1. Contact Point *(Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)*

Name	Title	Telephone No. *(Include Area Code)*
George Sabbagh	Head Regulatory Engagement	913-231-6291

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.

2. Signature Steven T. Callen	3. Title Federal Regulatory Manager	6. Date Application Received **(Stamped)**
4. Typed Name Steven T. Callen	5. Date **September 01, 2020**	

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.