Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 2-28-95

EPA

United States
Environmental Protection Agency
Washington, DC 20460

- [ ] Registration
- [x] Amendment
- [ ] Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification
7969-472	Emily Schmid	[ ] None [x] Restricted
4. Company/Product (Name) Engenia herbicide	PM# 25	

5. Name and Address of Applicant *(Include ZIP Code)*

BASF
26 Davis Drive
Research Triangle Park, NC 27709

[ ] *Check if this is a new address*

6. **Expedited Reveiw.** 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

- [x] Amendment - Explain below.
- [ ] Resubmission in response to Agency letter dated _____
- [ ] Notification - Explain below.
- [ ] Final printed labels in repsonse to Agency letter dated _____
- [ ] "Me Too" Application.
- [ ] Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of a Minnesota specific supplemental label for Engenia herbicide, 7969-472.
There is no PRIA fee required for this Fast-Track Amendment action.
Contact Jeff Birk at 919-225-9220 (phone),or by Email at jeffrey.birk@basf.com

Section - III

1. **Material This Product Will Be Packaged** In:

Child-Resistant Packaging	Unit Packaging	Water Soluble Packaging	2. Type of Container
[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Metal [ ] Plastic [ ] Glass [ ] Paper [ ] 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	4. Size(s) Retail Container	5. Location of Label Directions
[ ] Label [ ] Container		[ ] [ ]

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)
Jeffrey H. Birk	Regulatory Manager	919-225-9220

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 knowlingly 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
PII	Regulatory Manager
4. Typed Name	**5. Date**
Jeffrey H. Birk	January 10, 2022

EPA Form 8570-1 (Rev. 3-94) Previous editions are obsolete. White - EPA File Copy (original) Yellow - Applicant Copy