*Please read instructions on reverse before completing form*

Form Approved, OMB No. 2070-0060, Approval expires 5-31-98

United States
**Environmental Protection Agency**
Washington, DC 20460

[X] Registration
[ ] Amendment
[ ] Other

OPP Identifier Number

## Application for Pesticide – Section I

| | | |
|---|---|---|
| 1. Company/Product Number<br>45728-xxx | 2. EPA Product Manager<br>Heather Garvie | 3. Proposed Classification<br>[X] None [ ] Restricted |
| 4. Company/Product (Name)<br>Taminco US LLC / CHLORMEQUAT CHLORIDE MUP | PM #<br>22 | |
| 5. Name and Address of Applicant (Include ZIP Code)<br>Taminco US LLC<br>200 S. Wilcox Dr.<br>Kingsport, TN 37660-5147<br>[ ] *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:<br>EPA Reg No. _____<br>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
[X] Other – Explain below

**Explanation**: Use additional page(s) if necessary. (For Section I and Section II.)
Application for Section 3 registration for Chlormequat Chloride and Chlormequat Chloride end use product for first food uses on wheat, triticale, barley, oats and grasses grown for seed. PRIA fee category R150.

## Section III

1. Material This Product Will be Packaged in:

| Child-Resistant Packaging | Unit Packaging | | Water Soluble Packaging | | 2. Type of Container |
|---|---|---|---|---|---|
| [ ] Yes<br>[X] No<br>***Certification must be submitted*** | [ ] Yes<br>[X] No<br>If "Yes" Unit Packaging wgt. | No. per container | [ ] Yes<br>[X] No<br>If "Yes" Package wgt | No. per container | [X] Metal<br>[X] Plastic<br>[ ] Glass<br>[ ] Paper<br>[X] Other (Specify) Corrugated Board |

| 3. Location of Net Contents Information | 4. Size(s) Retail Container | 5. Location of label directions |
|---|---|---|
| [X] Label [ ] Container | 1-500 gal | [X] On Label<br>[ ] On Label accompanying product |

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

## Section IV

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

| Name | Title | Telephone No. (Include Area Code) |
|---|---|---|
| Jessica McLaughlin | Regulatory Affairs & Product Steward | (423) 229-2498 |

**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 | 3. Title<br>Regulatory Affairs & Product Steward | 6. Date Application Received<br>(Stamped) |
| 4. Typed Name<br>Jessica McLaughlin | 5. Date<br>December 7, 2018 | |

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete. White – EPA File Copy (Original) Yellow – Applicant Copy