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 45728-xxx	2. EPA Product Manager Heather Garvie	3. Proposed Classification [X] None [ ] Restricted
4. Company/Product (Name) Taminco US LLC / CHLORMEQUAT CHLORIDE MUP	PM # 22	
5. Name and Address of Applicant (Include ZIP Code) Taminco US LLC 200 S. Wilcox Dr. Kingsport, TN 37660-5147 [ ] *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
[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 [X] No ***Certification must be submitted**	[ ] Yes [X] No If "Yes" Unit Packaging wgt.	No. per container	[ ] Yes [X] No If "Yes" Package wgt	No. per container	[X] Metal [X] Plastic [ ] Glass [ ] Paper [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 [ ] 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 Regulatory Affairs & Product Steward	6. Date Application Received (Stamped)
4. Typed Name Jessica McLaughlin	5. Date December 7, 2018	

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