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	2. EPA Product Manager	3. Proposed Classification
Bayer CropScience LP / 264-1210	Emily Schmid	☐ None ☒ Restricted
4. Company/Product (Name) Bayer CropScience LP / XtendiMax® With VaporGrip® Technology	PM # 25	

5. Name and Address of Applicant *(Include ZIP Code)*
Bayer CropScience LP
801 Pennsylvania Ave, NW – Suite 900
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.)
XtendiMax® With VaporGrip® Technology (EPA Reg. No. 264-1210, Decision No. 564515) Updated Fast Track Amendment to Implement Regional Measures for 2023 Growing Season

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		☐ 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.

6. Date Application Received **(Stamped)**

2. Signature	3. Title
Arthur Toscano	Federal Regulatory Manager
4. Typed Name	**5. Date**
Arthur Toscano	**February 10, 2023**

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