United States Environmental Protection Agency
Washington, D.C. 20460
DATA CALL-IN RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

1. Company Name and Address	2. Case # and Name	3. Date and Type of DCI and Number
REPAR CORP 1050 CONNECTICUT AVE, NW, SUITE 500 WASHINGTON, DC 20036	N/A - Tebuconazole Chemical # and Name: 128997 Tebuconazole	14-Sep-2017 GENERIC ID # GDCI-128997-1598

4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
69361-10			YES	N/A	N/A
69361-26			YES	N/A	N/A

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative N. Bhushan Manchanda PRESIDENT

9. Date 12-12-17

10. Name of Company REPAR CORPORATION

11. Phone Number 202-223-1424

United States Environmental Protection Agency
Washington, D.C. 20460

REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-3

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4. Guideline Requirement Number	5. Study Title	PROTOCOL	Progress Reports 1	2	3	6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
	Applicator Exposure Data Requirements (Conventional Chemical)								
875.1200	Dermal exposure--Indoor **(15, 19, 41)**	Y				A,C,Q,X,BB	TEP	12	OPTION 2
875.1400	Inhalation exposure--indoor **(15, 19, 41)**	Y				A,C,Q,X,BB	TEP	12	OPTION 2
875.1700	Product Use Information **(15, 22)**	N				A,C,Q,X,BB	TEP	12	OPTION 2
	Nontarget Plant Protection Data Requirements (Conventional Chemical)								
850.4100	Seedling Emergence and Seedling Growth **(6, 14)**	N				A,C,Q,X,BB	TEP	12	OPTION 2
850.4150	Vegetative Vigor **(7, 14)**	N				A,C,Q,X,BB	TEP	12	OPTION 2
	Post-Application Exposure Data Requirements (Conventional Chemical)								
875.2100	Foliar dislodgeable residue dissipation **(14, 28)**	N				A,C,Q,X,BB	TEP	12	OPTION 2
875.2300	Indoor surface residue dissipation **(15, 17, 39, 41)**	Y				A,C,Q,X,BB	TEP	12	OPTION 2

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4. Guideline Requirement Number	5. Study Title		PROTOCOL	Progress Reports 1	2	3	6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
	Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)									
850.2100	Avian acute oral toxicity test	**(14, 23)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
850.3020	Honey bee acute contact toxicity	**(8, 14, 21)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
850.3030	Honey bee toxicity of residues on foliage	**(2, 9, 14, 41)**	Y				A,C,Q,X,BB	TEP	12	OPTION 2
850.3040	Field testing for pollinators	**(1, 3, 14, 20, 41)**	Y				A,C,Q,X,BB	TEP	24	OPTION 2
835.1110	Activated sludge sorption isotherm	**(15, 34)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
835.3110	Ready biodegradability	**(15, 33)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
835.3220	Porous pot test	**(15, 32)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
835.3240	Simulation Test-Aerobic Sewage Treatment-Activated Sludge	**(15, 31)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2

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4. Guideline Requirement Number	5. Study Title		PROTOCOL	Progress Reports 1	2	3	6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
835.3280	Simulation Tests to Assess the Biodegradability of Chemicals	**(15, 30)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
850.3300	Modified Activated Sludge, Respiration Inhibition Test	**(15, 18, 24, 29)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
850.4500	Algal Toxicity	**(16, 25, 38)**	N				A,C,Q,X,BB	TGAI, TEP	12	OPTION 2
850.4550	Cyanobacteria (Anabaena flos-aquae) Toxicity	**(16, 25)**	N				A,C,Q,X,BB	TGAI, TEP	12	OPTION
850.6100	Environmental Chemistry Methods and Associated Independent Laboratory Validation	**(14, 35)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
SS-1196	Whole Sediment: Chronic toxicity to saltwater invertebrates	**(16, 37, 41)**	Y				A,C,Q,X,BB	TGAI	24	OPTION 2
SS-1197	Whole Sediment: Chronic toxicity to freshwater invertebrates	**(16, 36, 41)**	Y				A,C,Q,X,BB	TGAI	24	OPTION 2
SS-1311	Honey bee adult acute oral toxicity	**(10, 14)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2
SS-1312	Honey bee larvae acute oral toxicity	**(13, 14)**	N				A,C,Q,X,BB	TGAI	12	OPTION 2

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4. Guideline Requirement Number	5. Study Title		PROTOCOL	Progress Reports 1	2	3	6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
SS-1313	Honey bee adult chronic oral toxicity	**(11, 14, 41)**	Y				A,C,Q,X,BB	TGAI	12	OPTION 2
SS-1314	Honey bee larvae chronic oral toxicity	**(12, 14, 41)**	Y				A,C,Q,X,BB	TGAI	12	OPTION 2
SS-1315	Semi-field testing for pollinators	**(5, 14, 26, 27, 41)**	Y				A,C,Q,X,BB	TGAI, TEP	24	OPTION 2
SS-1316	Field trial of residues in pollen and nectar	**(4, 14, 40)**	Y				A,C,Q,X,BB	TEP	24	OPTION 2