SUBMISSION INCLUDES: PESTICIDE REGISTRATION STATUS SHEET ID NUMBER

1. REGISTRATION INFORMATION			2. Cover Letter Dated:
✓ A. Application Form		E. EPA Notice of Supplemental Registration of Distribution	
✓ B. Application Fee			
✓ C. 6 Copies/Product Label		F. EPA Approval of Change in Brand Name or Additional Brand Name(s)	3. Conditional Registration / Nonsubstantive Change
✓ D. EPA Accepted Label/Letter			

DATA (Number of Volumes) COMMENTS:

Document Number(s)	Entering Evaluation	Advice	Re-entry into Evaluation:	Instructions to and comments from Evaluators
✕ MEDICAL TOXICOLOGY			Data Volumes referred from Previous Submissions	
Med. Tox. data Volumes Sent with Package	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	Do data Support registration of this product? (Label amendment - Specify changes)
Acute				
WORKER HEALTH & SAFETY - MEDICAL MANAGEMENT	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	See Policy P/P 2004/1
✕ PEST AND DISEASE PROTECTION				
Efficacy data Volumes sent with Package (*)	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	Do data Support registration of this product? (Label amendment - Specify changes)
PLANT PHYSIOLOGY				
(**)	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	(Include Pertinent Instructions)
FISH AND WILDLIFE				
	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	See Policy P/P 2005/1
✕ CHEMISTRY				
Chemistry data Volumes sent with package	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	Do data support registration of this product? (Label amendment - Specify changes)
MICROBIOLOGY				
(***)	In: / Out: / Initial(s): / Memo	Register / Do Not Reg / Req Data / NS Change	In: / Out: / Initial(s): / Memo Attached:	Include Pertinent Instructions)

PROGRAM SUPERVISOR - FINAL RECOMMENDATION

Date in		Comments
Date out		
Date in		
Date out		Date Registered or Denied

(*) Efficacy Data for fungicides and Insecticides should be routed to "Pest & Disease Protection"
(**) Efficacy data for Herbicides and Growth Regulators should be routed to "Plant Physiology"
(***) Efficacy data for Anti-microbials should be routed to "Microbiology"