

US EPA ARCHIVE DOCUMENT



United States
ENVIRONMENTAL PROTECTION AGENCY
 Washington, DC 20460

OPP Identifier Number

202693

Office of Pesticides Programs (7505C)

**Application for Experimental Use Permit to Ship and
 Use a Pesticide for Experimental Purposes Only**

1. Type of Application

- New Amendment (See No. 2)
 Extension (Give Permit Number below)

Permit Number _____

2. Briefly explain (Attach a separate sheet if necessary)

1. Amend request for new EUP for B.t. Cry34/35 Ab1 construct PHP17662 insecticidal crystal protein derived from *Bacillus thuringiensis*, to submit revised Section G
2. Request for non-crop destruct status.

3. Name and Address of Firm/Person to Whom the Experimental Use Permit is to be Issued (Include Zip Code) (Type or Print)

Mycogen Seeds c/o Dow AgroSciences LLC
 9330 Zionsville Road
 Indianapolis, IN 46268

4. Name and Address of Shipper only if shipment is intended or if different from applicant's name and address (include Zip Code) (Type or Print)

EPA Company Number 68467

5. Name of Product

Mycogen Brand B.t. Cry 34/35Ab1 Construct PHP17662
 Corn

6. Is Product Registered with EPA?

- No
 Yes (Give Registration Number or File Symbol below)
 Registration Number _____
 File Symbol _____

7. Total Quantity of Product Proposed for Shipment/Use

Pounds of formulated product _____

Pounds of active ingredient Cry34Ab1 0.307; Cry35Ab1 0.008

8. Acreage or Area to be Treated

393.5

9. Proposed Period of Shipment/Use

March, 2003 - March 31, 2004

10. Places from which Shipped

Any Mycogen Seeds or Dow AgroSciences LLC seed
 facility in the U.S.

11. Crop/Site to be Treated

Maize

12. Specify the name and number of the contact person most familiar with this application.

Penny L. Hunst 317-337-3977

13. Signature of Applicant or Authorized Firm Representative

14. Title

Regulatory Manager

15. Date Signed

01-15-03

Certification

This is to certify that food or feed derived from the experimental program will not be used or offered for consumption or sale for consumption, except by laboratory or experimental animals, if illegal residues are present in or on such food or feed.

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

Below for EPA Use Only

In any correspondence on this application, refer to this number _____

Received by:
 EPA-OPP Registration Division,
 Washington, DC 20460

Normal review time indicates that processing of this application should be completed by (date) _____

Name of EPA Contact Person _____

Telephone Number _____