

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

**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**  
**Data Call-In**

OMB Control No.  
2070-0174

Expiration Date  
12/31/2025

**Paperwork Reduction Act Notice:** This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et. seq. OMB Control No. 2070-0174. Responses to this collection of information are mandatory 40 CFR 158. An agency may not conduct or sponsor, an a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated 20 to 8128 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Information Engagement Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**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<br><br>[Company Name]<br>[Company Address] |                | 2. Case # and Name<br><br>[Case #] [Chemical Name] |  |  |                                      |                  |   | 3. Date and Type of DCI and Number |                |                   |                        |                        |  |  |
| 4. Guideline Requirement Number                                        | 5. Study Title |                                                    |  |  | P<br>R<br>O<br>T<br>O<br>C<br>O<br>L | Progress Reports |   |                                    | 6. Use Pattern | 7. Test Substance | 8. Time Frame (Months) | 9. Registrant Response |  |  |
|                                                                        |                |                                                    |  |  |                                      | 1                | 2 | 3                                  |                |                   |                        |                        |  |  |
|                                                                        |                |                                                    |  |  |                                      |                  |   |                                    |                |                   |                        |                        |  |  |

|                                                                                                                                                                                                                                                                                                                                              |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>10. Certification:</b> 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.<br><br>Signature and Title of Company's Authorized Representative _____ | <b>11. Date</b>         |
| <b>12. Name of Company</b>                                                                                                                                                                                                                                                                                                                   | <b>13. Phone Number</b> |

## INSTRUCTIONS: DATA CALL-IN RESPONSE FORM

These instructions apply to the form titled "Data Call-In Response" and are to be used to respond to generic Data Call-Ins. Read these instructions carefully before filling out the forms.

Items 1 through 4 have been preprinted on the form. Items 5 through 7 must be completed by the registrant as appropriate. Items 8 through 11 must be completed by the registrant before submitting a response to the Agency.

The respondent burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a mandatory collection under 40 CFR 158. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is 2070-0174. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

| Item #  | GENERIC DATA CALL-IN RESPONSE Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item 1. | This item identifies your company name, number and address.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Item 2. | This item identifies the case number, case name, EPA chemical number and chemical name.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Item 3. | This item identifies the type of Data Call-In. The date of issuance is date stamped.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Item 4. | This item identifies the EPA product registrations relevant to the data all-in. Note that you are also responsible for informing the Agency of your response regarding any product that you believe may be covered by this Data Call-In but that is not listed by the Agency in Item 4. You must bring any such apparent omission to the Agency's attention within the period required for submission of this response form.                                                                                |
| Item 5. | Check this item for each product registration you wish to cancel voluntarily. If a registration number is listed for a product for which you previously requested voluntary cancellation, indicate in Item 5 the date of that request. Since this Data Call-in requires both generic and product specific data, you must complete item 5 on both Data Call-In response form. You do not need to complete any item on the Generic Requirements Status and Registrant's Response Forms and Instructions Form. |

| Item #           | DATA CALL-IN RESPONSE Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item 6a.         | <p>Check this Item if the Data Call-In is for generic data as indicated in Item 3 and you are eligible for a Generic Data Exemption for the chemical listed in item 2 and used in the subject product. By electing this exemption, you agree to the terms and conditions of a Generic Data Exemption as explained in the Data Call-In Notice. If you are eligible for or claim a Generic Data Exemption, enter the EPA Registration Number of each registered source of that active ingredient that you use in your product.</p> <p>Typically, if you purchase an EPA-registered product from one or more other producers (who, with respect to the incorporated product, are in compliance with this and any other outstanding Data Call-In Notice), and incorporate that product into all your products, you may complete this item for all products listed on this form. If, however, you produce the active ingredient yourself, or use any unregistered product (regardless of the fact that some of your sources are registered), you may not claim a Generic Data Exemption and you may not select this item</p> |
| Item 6b.         | <p>Check this Item if the Data Call-In is for generic data as indicated in Item 3 and if you are agreeing to satisfy the generic data requirements of this Data Call-In. Attach the “Generic Requirements Status and Registrant's Response Forms and Instructions” Form that indicates how you will satisfy those requirements.</p> <p>Note: You may provide additional information that does not fit on this form in a signed letter that accompanies your response. For example, you may wish to report that your product has already been transferred to another company or that you have already voluntarily cancelled this product. For these cases, supply all relevant details so that EPA can ensure that its records are correct.</p>                                                                                                                                                                                                                                                                                                                                                                          |
| Item 7a.         | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Item 7b.         | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Item 8.          | This certification statement must be signed by an authorized representative of your company and the person signing must include his/her title. Additional pages used in your response must be initialed and dated in the space provided for the certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Items 9, 10, 11. | Provide date of signature, name of company, and telephone number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |