APPLICATION FOR CERTIFICATION OF ABRASIVES FOR PERMISSIBLE DRY OUTDOOR BLASTING

Instructions and Shipping Directions

A. The application must be filled out completely. Please note that the “Plant Location” must be a physical location sufficient to find the facility. A street address is ideal. The Multiple Name Information Sheet is only needed if your company sells one abrasive under several names.

B. Be sure to include the desired “Disposition” of each abrasive sample after certification testing. The Air Resources Board (ARB) needs to know whether your company would like the abrasive sample returned, or whether ARB should dispose of it. If your company would like ARB to return the abrasive sample, complete and return the Statement of Reuse. ARB will contact you to arrange a prepaid return shipment when certification testing is completed. If your company would like ARB to dispose of the abrasive sample, ARB will arrange the appropriate means of disposal. All costs associated with the disposition of the abrasive sample will be billed to your company.

C. Send a completed application to:

     Kathryn M. Gugeler  
     California Air Resources Board 
     Monitoring and Laboratory Division 
     P.O. Box 2815 
     Sacramento, California 95812 
     USA 

Or, the application package may be emailed to kathryn.gugeler@arb.ca.gov

If you have any questions, please contact Kathryn Gugeler at (916) 322-0221 or via email at kathryn.gugeler@arb.ca.gov.

Important shipping directions on the following page!!!!
Instructions and Shipping Directions

D. **Shipping Instructions:** Ship a minimum 200 lb. sample of each grade of abrasive in five (5) gallon plastic shipping buckets with lids and handles. The contents of each shipping bucket must not weigh more than 40 lbs. Each shipping bucket must be labeled on the outside with an U.S. Occupational Safety and Health Administration (OSHA) compliant shipping label including the following elements:

- Abrasive Name, Grade, and Plant Location (must match application form)
- Company Name, Address and Telephone Number
- Product Identifier from Section 1 of the Safety Data sheet (SDS)
- Signal Word
- Hazard Statement(s)
- Precautionary Statement(s)
- Pictogram(s)

A copy of U.S. OSHA compliant shipping label and a copy of SDS must also be inserted with the abrasive inside of each shipping bucket.

Direct the shipping buckets to:

Kathryn Gugeler/CARB
1301 V Street
Sacramento, California  95818
USA

E. At the completion of the certification testing, arrangements will be made for the disposition of the abrasive sample, and your company will be billed for the cost of the certification testing and for the abrasive sample disposition. The test results will be sent upon payment of the invoice.

**Important:** **SHIP ONLY IN 5 GALLON PLASTIC SHIPPING BUCKETS WITH LIDS AND HANDLES. NO OTHER TYPES OF CONTAINERS WILL BE ACCEPTED.**

**Important:** **MATERIAL MUST BE SHIPPED POSTAGE-PAID. COD AND/OR COLLECT SHIPMENTS CANNOT BE ACCEPTED.**

**Important:** **DAMAGED OR BROKEN CONTAINERS WILL NOT BE TESTED.**

**Important:** **ABRASIVE SAMPLES WITHOUT OSHA COMPLIANT SHIPPING LABELS WILL NOT BE TESTED.**
APPLICATION FOR CERTIFICATION OF ABRASIVES
FOR PERMISSIBLE DRY OUTDOOR BLASTING

Read instructions on pages 1 and 2 before filling out this application.

CERTIFICATION TO BE ISSUED TO:

(Business license name and Fed ID # of organization to receive certification)

(Name(s) of owner or principle partners doing business as above)

Contact Person: (Print if different than above)

Mailing Address:

Abrasive description for certification: (Use another sheet if more space is necessary)

<table>
<thead>
<tr>
<th>Name for certification list</th>
<th>Plant Location</th>
<th>Abrasive Type</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I obligate the company, or vendor, listed above to pay all costs associated with certification testing of the abrasives listed above and on attached pages of this application.

Signature of Officer of the Company: ______________________________

Title: ______________________________

Type or print name: ______________________________

(               ) (               ) (               )
(Telephone Number) (FAX Number) (Date)

Web Address

E-mail address
MULTIPLE NAME INFORMATION SHEET

There are no differences between the abrasives named below, except their names. The abrasives named below are all the same chemically and physically, are the same grade, and were mined/produced at the same location using the same processes. These abrasives are all represented by the sample of the abrasive indicated below.

I hereby certify under penalty of perjury that this statement is true and correct.

Signature of Responsible Person: ____________________________________________

Print Name: ______________________________________________________________

Title: ___________________________________________________________________

Company: __________________________________________________________________

Date: _____________________________________________________________________

Abrasive Sample Submitted for:

Print or type the name for the certification list for the Abrasive Sample submitted

Other identical Products to be listed as Certified:
List each additional name for the certification list for the Abrasive Sample Submitted

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
STATEMENT OF REUSE

My company is able to reuse the products listed below as an abrasive and they will not be disposed of or recycled prior to reuse.

I hereby certify under penalty of perjury that this statement is true and correct.

**Signature of Responsible Person:** ________________________________

**Print Name:** ________________________________

**Title:** ________________________________

**Company:** ________________________________

**Date:** ________________________________

**Abrasives to be reused:**

*Print or type the name for the certification list for each product*

- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________