

# **PART I: Responsible Party Identification**

# PRELIMINARY FORM: WHO MUST COMPLETE THE SURVEY?

Each **responsible party** must complete the entire survey. For the purpose of this survey, the "responsible party" means the company, firm, or establishment listed on the label of a consumer or commercial product covered by this survey (see survey categories, page 78) that was sold with intention for use in California during Calendar Year 2001. If the label lists two companies, firms, or establishments, the responsible party is the party that the product was "manufactured for" or "distributed by," as noted on the label.

Upon receipt of this Survey packet, you **must** immediately complete and submit **this page** to ARB, no later than **October 15, 2002**.

**1. Are you a responsible party? Check (✓) "Yes" or "No"**

- Yes.** My company is a *responsible party* (see definition above).  
*Optional:* Which format do you *plan* to use for submitting survey data? Check (✓) one  
 Electronic Option (see page 15 for information about the interactive forms)  
 Hardcopy Option
- No.** My company is not a *responsible party* (see definition above).  
*For this case, submit this page only; do not complete the entire survey packet.*

**2. Complete the following information:**

Your Company Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*To help us ensure more complete market coverage, please answer the following.*

Does your company represent, or is it associated with another company that is a *responsible party* for any product covered by this survey?  
 **Yes** → Provide the company name, address, contact name, and contact phone number on a separate sheet of paper and we will make sure they have received a survey.  
 **No**  
 Check (✓) one

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. By October 15, 2002, send this page by fax to (916) 327-5621, or cut and fold this page as indicated, apply required postage, and mail to the address on the back of this page.**

cut here or photocopy this page and submit immediately upon receipt



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Postage  
required

**California Air Resources Board**  
**P.O. Box 2815**  
**Sacramento, CA 95812**  
*Attn: SSD, Measures Development Section, 2001 Survey*

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