CALIFORNIA AIR RESOURCES BOARD *** 2003 CONSUMER & COMMERCIAL PRODUCTS SURVEY
STATIONARY SOURCE DIVISION, AIR QUALITY MEASURES BRANCH

Check (✔) if Confidential ❑

FORM 1 – Responsible Party Information

(Instructions for completing FORM 1: See back side)

1. Company Name: _____

Division Name(s): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Webpage: _____

2. Parent Company Name (if applicable): _____

_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Webpage: _____

3. Contact Person: _____ **Phone:** _____ **Fax:** _____

Title: _____ **Email:** _____

4. NAICS Code(s): (see Attachment C for common codes) [ ] [ ] [ ] [ ] [ ]

5. Number of products: (enter total number of products and/or *product groups* submitted) [ ]

6. Type of Business	**7. Gross Annual Receipts** *For Calendar Year 2003*	**8. Employees** *For Calendar Year 2003*		**9. Contract Employees** *For Calendar Year 2003*	
check (✔) all that apply	check (✔) one	Worldwide check (✔) one	California Only check (✔) one	Worldwide check (✔) one	California Only check (✔) one
❑ Manufacturer/ Marketer	❑ Less than $250,000	❑ None	❑ None	❑ None	❑ None
❑ Distributor	❑ Between $250,000 and $1 million	❑ 1 to 10	❑ 1 to 10	❑ 1 to 10	❑ 1 to 10
❑ Retailer	❑ Between $1 million and $10 million	❑ 11 to 100	❑ 11 to 100	❑ 11 to 100	❑ 11 to 100
❑ Contract Packager	❑ Between $10 million and $50 million	❑ 101 to 250	❑ 101 to 250	❑ 101 to 250	❑ 101 to 250
❑ Other (specify):	❑ Between $50 million and $100 million	❑ 251 to 500	❑ 251 to 500	❑ 251 to 500	❑ 251 to 500
_____	❑ Between $100 million and $1 billion	❑ 501 to 750	❑ 501 to 750	❑ 501 to 750	❑ 501 to 750
	❑ More than $1 billion	❑ More than 750	❑ More than 750	❑ More than 750	❑ More than 750

10. Comments: _____

_____

11. Certification: I am an authorized representative (management level) of the *responsible party* listed above and certify that all information submitted in this survey is complete, true, and correct.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____