Check (✔) if Confidential ❑

FORM 3 – Product Information

(Instructions for completing FORM 3: See back side)

Product Tracking #: _____

1. Full Product Name: _____

2. Company Name: _____

3. ARB Category Code(s)
Primary Category Code: ☐ *If applicable*, Additional Category Code(s): ☐ ☐ ☐ ☐

4. Product Groups
Does this product represent a *product group*?
❑ yes ❑ no

If yes, list individual products on "Supplement to FORM 3".
Also specify which attribute(s) were used to group the products: ❑ Color ❑ Fragrance ❑ Size ❑ Botanical/herbal extract

5. Delivery/ Packaging System
check (✔) one
- ❑ wipes/towels/cloths/sheets/pads
- ❑ pressurized aerosol container
- ❑ non-pressurized pump system (i.e. spray, foam, liquid)
- ❑ barrier pack or compartmentalized dispenser
- ❑ jar/can/tub/pourable bottle
- ❑ squeeze tube or squeeze bottle
- ❑ other (specify): _____

6. Dispensed Form
check (✔) one
- ❑ post-foaming gel
- ❑ foam/mousse
- ❑ liquid
- ❑ semisolid
- ❑ solid
- ❑ mist/dispersed spray
- ❑ other (specify): _____

7. Relation to Product
check (✔) all that apply
- ❑ Manufacturer/ Marketer
- ❑ Distributor
- ❑ Retailer
- ❑ Contract Packager
- ❑ Other (specify): _____

8. Customer Type
check (✔) all that apply
- ❑ Household _____%
- ❑ Commercial/ Institutional _____%
- ❑ Industrial _____%

total must = 100%

9. Dilution Ratios
Is this product sold as a *concentrate*? ❑ yes ❑ no
If yes, complete the dilution ratio table below.
Also specify the *diluent*: _____

	Product		Diluent	
Dilution:	*amount*	*units*	*amount*	*units*
least dilute				
most dilute				

10. Sales Data Collection Method
check (✔) one
- ❑ Used CA-specific sales data
- ❑ Estimated by prorating data

Specify "national", "regional", "distribution centers" or other: _____

- ❑ Other collection method used (specify): _____

11. General Information
- Is this a *pet care product*? ❑ yes ❑ no
- Is this a FIFRA registered product? ❑ yes ❑ no
- Is this product regulated by the FDA as an OTC drug? ❑ yes ❑ no
- Does this product contain a resin, polymer, or other film-forming compound? ❑ yes ❑ no

12. 2003 California Sales Data: complete for each size sold *(for wipes/towels and barrier packs see instructions)*

	Product Size (from label)	Volume/Mass filled (include *overfill* of 2% or more)	Units (wt oz or fl oz)	Qty Sold	Liquids (fl oz) only: *Density (units)*	*-OR- Specific Gravity*
#1						
#2						
#3						
#4						
#5						
#6						

13. Comments: _____

LABELS: Submit one entire representative *label* for this product or *product group*.
Check (✔) one: ❑ Label attached or submitted electronically, **OR** ❑ Label submitted in 2001 Survey; 2001 Survey Product Tracking #: _____ *(required for this response)*