Check (✔) if Confidential ❑

FORM 4 – Ingredient Information

(Instructions for completing FORM 4: See back side)

Product Tracking #: _____

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME – ***To be completed by the responsible party; copy from corresponding FORM 3.***

Full Product Name:_____ **Company Name:**_____

B. RESPONSIBLE PARTY CONTACT INFORMATION – ***Only needed when responsible party is sending this form to a formulator for completion of Part C.***

Contact Person:_____ **Phone:**_____ **Fax:**_____

Title:_____ **Email:**_____

C. INGREDIENTS – ***To be completed by the company that holds the ingredient information (either the responsible party or formulator).***

1. Specific Ingredient Table: Indicate the weight percent (Wt. %) of the following compounds that are contained in the product.

HFC-134a	1,1,1-Trichloroethane	Parachlorobenzotrifluoride	AMP	Perchloroethylene	Paradichlorobenzene	Naphthalene	Nitrogen	Menthol

HCFC-141b	Methylene Chloride	Volatile Methyl Siloxanes	HFC-152a	Acetone	Methyl Acetate	Carbon Dioxide	Water	C1 % Subtotal
								= C1

2. Speciation Table: List all *VOCs, partial LVP-VOCs,* and *LVP-VOCs* (see Attachment E for "LVP-VOCs to be Individually Reported") that comprise at least 0.1 Wt. %. Group other *LVP-VOCs* (those not reported individually), other exempts (those not listed above), other inorganics (those not listed above), all fragrance, and all *VOCs* that *individually* comprise less than 0.1 Wt. %, as indicated in each line-item entry below.

	Chemical Name	CAS Number	Trade Name & Manufacturer*	Bin #*	Weight %
1					
2					
3					
4					
5					
6					
7					
8					

If more lines are needed, list additional ingredients on a separate page; enter the weight percent subtotal from that page on this line: =

Group other *LVP-VOCs* (those not listed individually above): **Group Total** =

Group other exempts (those not listed in item C1): **Group Total** =

Group other inorganics (those not listed in item C1): **Group Total** =

Group all Fragrance: **Group Total** =

Group *VOCs* that are *each* less than 0.1 Wt. %: **Group Total** =

Section C2 % Subtotal = C2

Grand Total ***(Sections C1 + C2 must = 100%)*** = Total

3. ***Ingredient Contact Information***

Completed By:_____

Title:_____ **Phone:**_____ **Email:**_____

Formulating Company:_____ **Date:**_____

*Completion of these columns is required only if the ingredient is a *hydrocarbon solvent*, such as mineral spirits; otherwise these columns are optional. See instructions for details and Attachment F for a list of trade names and bin numbers.

Questions? Visit www.arb.ca.gov/consprod/regact/2003surv/2003surv.htm