PRELIMINARY FORM: WHO MUST COMPLETE THE 2003 SURVEY?

Instructions: Upon receipt of this survey packet, you must immediately complete and submit this page to ARB, **no later than November 24, 2004**. Read the following definition of *Responsible Party*, carefully review the list of product categories covered by this survey (Attachment A), and respond to items 1-3 below.

*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 reportable under this survey that was sold with intention for use in California during Calendar Year 2003. 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.*

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

❑ **Yes.** My company is a *responsible party* and will be submitting a 2003 survey, as required by California State Law.

(optional) Check (✔) the following box to request the CD containing the electronic version of the survey forms for *responsible parties* (see page III-8 for more information).

❑ **Please send the CD for Responsible Parties to the address below.**

❑ **No.** My company is not a *responsible party* and will not be submitting a 2003 survey because:

Check (✔) one:

❑ My company is a *formulator* only, not a *responsible party*, and will complete FORM 4 when requested by *responsible parties*. (For the purposes of this survey, *formulator* means any company, other than the *responsible party*, that holds the ingredient information for a product.)

(optional) Check (✔) the following box to request the CD containing the electronic version of FORM 4 (Ingredient Information) for formulators (see page III-8 for more information).

❑ **Please send the CD for Formulators to the address below.**

❑ My company is not responsible for any products reportable for the 2003 survey, but is responsible for products that are proposed for the next survey (for Calendar Year 2005).

❑ My company, firm or establishment does not sell, supply, offer for sale, or manufacture *consumer products* for use in the state of California.

❑ Other, please explain: _____

2. Complete the following information:

Your Company Name: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____ ***Date:*** _____

3. By November 24, 2004, 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.

For questions about this page, contact Jessica Dean at (916) 322-2362 or by e-mail at jdean@arb.ca.gov

cut here or photocopy this page and submit immediately upon receipt