PART IV:
Forms & Instructions

CONFIDENTIAL INFORMATION FORM

In accordance with title 17, California Code of Regulations (CCR), sections 91000-91022, and the California Public Records Act (Government Code section 6250 et seq.), the information that a company provides to the Air Resources Board (ARB) may be released (1) to the public upon request, except trade secrets which are not emissions data or other information which is exempt from disclosure or the disclosure of which is prohibited by law; and (2) to the Federal Environmental Protection Agency (EPA), which protects trade secrets as provided in section 114(c) of the Clean Air Act and amendments thereto (42 USC 7401 et seq.) and in federal regulation; and (3) to other public agencies provided that those agencies preserve the protections afforded information which is identified as a trade secret, or otherwise exempt from disclosure by law (HSC, section 39660(e)).

Trade secrets, as defined in Government Code section 6254.7, are not public records and therefore will not be released to the public. However, the California Public Records Act states that air pollution emission data are always public records, even if the data comes within the definition of trade secrets. Even so, the information used to calculate air pollution emissions data is not "emissions data", and will not be released to the public if it is a trade secret.

Identifying Confidential Information

If any company believes that any of the information it may provide is a trade secret or otherwise exempt from disclosure under any other provision of law, it **must identify the confidential information as such at the time of submission** to the ARB and must provide the name, address, and telephone number of the individual to be consulted. If the ARB receives a request for disclosure or seeks to disclose the data claimed to be confidential, ARB may ask the company to provide documentation of its claim of trade secret or exemption at a later date. Data identified as confidential will not be disclosed unless the ARB determines, in accordance with the above referenced regulations, that the data do not qualify for a legal exemption from disclosure. The regulations establish substantial safeguards before any such disclosure.

To designate any information contained in your survey data as "confidential information", provide the data requested below and return this page with your completed survey forms.

1. In accordance with the provisions of title 17, California Code of Regulations, sections 91000-91022, and the California Public Records Act (Government Code sections 6250 seq.), (*enter company name*):_____ declares that only those portions specifically identified (by checking the upper left-hand corner confidentiality box on each form) and submitted in response to the California Air Resources Board's information request on the survey are confidential "trade secret" information, and requests that it be protected as such from public disclosure.

2. We have designated confidential information by page for each survey data form submitted by checking (✔) the upper left-hand corner confidentiality box.

   Name:_____ Signature:_____ Date:_____

3. In the case that there are inquiries pertaining to this confidential information, the ARB should contact the following person:

   Name: _____ Title: _____

   Phone: _____ Email: _____

   Company Address: _____

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:** _____

Instructions: FORM 1 – Responsible Party Information

The information requested on FORM 1 will assist the California Air Resources Board in characterizing the types of businesses that are included in the survey as required by California State Law. A single FORM 1 must be completed and submitted for each *responsible party*. Do not submit a separate FORM 1 for each product being submitted. NOTE: Throughout the survey, when the term "company" is used, "company, firm, or establishment" is implied.

Confidential Information *(in the upper left corner of all forms):*
The *responsible party* should check the box if information on this form is confidential. This information will be handled as described on page IV-2.

Check (✔) if Confidential ❑

1. **Company Name:** Enter the name of the company that is the *responsible party* for the product(s) being submitted with this FORM 1.

   responsible party means the company, firm, or establishment listed on the label of a consumer or commercial product reportable under this survey (see survey categories, Attachment A) 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.*

   Division Name(s): If the respondent to the survey is representing a division of the company, please enter the name of the division.
   Mailing Address: Enter the complete mailing address for the company listed above.
   Webpage: Enter the URL (web address) for the company listed above.

2. **Parent Company Name:** If the company is not *independently owned*, enter the name of the *parent company*.
   Mailing Address: Enter the complete mailing address for the *parent company* listed above.
   Webpage: Enter the URL (web address) for the *parent company* listed above.

3. **Contact Person:** Enter the name, title, telephone number, fax number, and email address for the person to be contacted by ARB staff if clarifications are needed for the survey information submitted.

4. **NAICS Code(s) (North American Industry Classification System):** Enter the 2002 NAICS code(s) that apply to the *responsible party* for the products covered by this survey. Attachment C provides a list of common 2002 NAICS codes related to consumer and commercial products. For a complete list of NAICS codes and more information about NAICS codes, visit: *http://www.census.gov/epcd/www/naics.html*

Continued, next column...

5. **Number of products:** Count and enter the total number of products and/or *product groups* that your company is submitting for this survey. The Product Tracking # boxes, like the one shown here and those located in the upper right corner of FORMS 3, 4 and the Supplement to FORM 3, are used to track the number of products or *product groups* you have, and are also used to associate related forms. Because Product Tracking numbers are entered sequentially, as described on page III-5, the final number should indicate the total number of products submitted.

   Product Tracking #: _____

6. **Type of Business:** Check (✔) each box that describes the type of business conducted by the *responsible party.* See Related Definitions in Part VII, for business type definitions.

7. **Gross Annual Receipts:** Check (✔) the box that identifies the gross annual receipts generated by the *responsible party* worldwide for Calendar Year 2003. This means the total income of the company before expenses are deducted.

8. **Employees:** Check (✔) the box that indicates the total number of employees (including part-time and temporary staff, not including *contract employees* listed in question 9) for the *responsible party* "Worldwide" (including California), and also for "California Only."

9. **Contract Employees:** Check (✔) the box that indicates the total number of *contract employees* for the *responsible party* "Worldwide" (including California), and also for "California Only."

10. **Comments:** As needed, provide comments to clarify any piece of information you have listed on this form.

11. **Certification:** Provide the name, title, signature, and date of signature of an authorized representative (management level) for the *responsible party* listed in item 1, certifying that all information submitted in this survey is complete, true, and correct.

Check (✔) if Confidential ❑

FORM 2 – Source of Ingredient Information

(Instructions for completing FORM 2: See back side)

Will your company be using a *formulator*? Check (✔) "no" or "yes" and complete the blanks as indicated.

❑ **No, my company, _____, the *responsible party*, will not be using a *formulator* to complete ingredient information for any product or *product group* submitted for this survey.**

– OR –

❑ **Yes, my company, _____, the *responsible party*, will be using a *formulator* to complete ingredient information for one or more products submitted for this survey.** *List formulator contact information below; photocopy sheet as needed.*

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

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

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

Instructions: FORM 2 – Source of Ingredient Information

Will your company be using a *formulator*?

No.

Check (✔) this box if...
your company, the *responsible party*, will not be using a *formulator* to submit ingredient information on behalf of your company for any product submitted for this survey.

Then:

- Submit this form to ARB with the other survey forms (you do not need to complete the lower portion of FORM 2).

OR

Yes.

Check (✔) this box if...
for one or more products, your company, the *responsible party*, will be using a *formulator* to submit ingredient information on behalf of your company.

Then:

- Complete one contact information box on the bottom portion of this form for each *formulator* that will submit ingredient information on behalf of your company.

  Notes:

  - You only need to list a *formulator* once; if a *formulator* will send ingredient information for multiple products or *product groups*, list all the product tracking numbers for those products at the top of the corresponding *formulator* contact information box. See page III-5 for more information about product tracking numbers.
  - If you will be using more than three *formulators*, photocopy this form as necessary.
  - If multiple *formulators* were used for a product or *product group* during Calendar Year 2003, choose a representative *formulator* to complete ingredient information, and list that *formulator* on this form.
- Make sure you have entered the product tracking number on each FORM 4 *and* completes Sections A and B before forwarding FORM 4 to the *formulator*.
- As soon as possible, forward each FORM 4 to the *formulator* who will be completing Section C, the ingredient information. The *formulator* should mail the FORM 4(s) directly to the ARB.
- Submit this FORM 2 to the ARB with the other survey forms.

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)*

Instructions: FORM 3 – Product Information

This form requests general product information, sales data, and *labels* for the products being reported. Complete and submit one FORM 3 for each product or *product group*.

Confidential Information *(in the upper left corner of all forms):* The *responsible party* should check the box if the information on this form is confidential. This information will be handled as described on page IV-2.

Check (✔) if Confidential ❑

Product Tracking # *(in the upper right corner of Forms 3 and 4):* Assign a single product tracking number for each product or *product group*. Enter this number into the box. For each product or *product group* submitted, this number should be the same on *both* FORM 3 and FORM 4, and also associated with the corresponding *label*. See page III-5 for more information on assigning product tracking numbers.

Product Tracking #: _____

1. **Full Product Name:** Enter the full product name as shown on the *principal display panel*.

Notes: **Product Groups** – If this is a *product group*, name the most representative product for the group. See page III-5 for *product group* criteria.

Kits – When multiple products are sold together in one kit or package, individual components must be reported separately, according to survey categories. Include the component name in the product name.

For example: "ACME French Manicure Kit" includes "Base/Top Coat", "White Tips Polish", and "Natural Polish". Each of these three components must be reported since they fit a separate category in this survey. The full product name for the natural polish would be "ACME French Manicure Kit; Natural Polish".

2. **Company Name:** Enter the name of the company that is the *responsible party* for the product listed on this form.

3. **ARB Category Code(s):** Enter the appropriate category code from Attachment A. Choose the primary category code that best describes your product according to the product's *principal display panel*. Only list additional category codes for products that fit more than one survey category, according to their *principal display panel*; do not list category codes for uses not displayed on this panel. See "Reporting Products" on page III-4 for more details .

4. **Product Groups:** Indicate by checking "yes" or "no" if this product represents a *product group*. See page III-5 for *product group* criteria. **If "yes,"** specify which attribute(s) were used to group the products. Additionally, for the *product group*, list the name, size, color differences, and/or *fragrance* differences of each product that comprises the group as indicated on the "Supplement to FORM 3." Photocopy this form as needed.

Continued, next column...

5. **Delivery/Packaging System:** Check the box that best describes the delivery or packaging system used for this product. If the provided options don't describe your product, indicate "other" and specify the delivery or packaging method employed.

6. **Dispensed Form:** Check the box that best describes the form of this product as it is dispensed, or as it leaves the delivery or packaging system. If the product is also sold in another form, it is considered a separate product and must be reported separately. If the provided options (see definitions below) don't describe your product, indicate "other" and specify the dispensed form.

post-foaming gel means a semisolid that, upon being dispensed from its container, or upon contact with a surface, or as a result of exposure to body heat or the atmosphere, changes from a semisolid state to a foaming state. "Post-foaming gel" does not include substances that become foam solely from shearing action after being dispensed, such as rubbing the product on the skin or other agitation.

Note: Report non-foaming gels under the "semisolid" option.

foam/mousse means a substance that is comprised of two phases: a dispersed gas or vapor phase, and a continuous liquid phase, therein creating a mass of gaseous cells that is separated by thin films of liquid and formed by the juxtaposition of bubbles.

liquid means a substance or mixture of substances which is capable of a visually detectable flow as determined under ASTM D-4359-90. "Liquid" does not include powders or other materials that are composed entirely of solid particles.

Note: Most wipes/towels/cloths/sheets/pads should be reported as "liquid" here. Report mist or dispersed sprays under the "mist/dispersed spray" option.

semisolid means a product that, at room temperature, will not pour, but will spread or deform easily, including but not limited to gels, pastes, and greases.

Note: Report post-foaming gels under "post-foaming gel" option.

solid means a substance or mixture of substances which, either whole or subdivided (such as the particles comprising a powder), is not capable of visually detectable flow as determined under ASTM D-4359-90.

mist/dispersed spray means a substance that, upon being dispensed, generally yields a uniform application of discrete particles or droplets.

7. **Relation to Product:** Indicate whether you are the *manufacturer/marketer*, *distributor*, *retailer*, and/or *contract packager* of this product. If these descriptions do not fit your relationship(s) to the product, check the "other" box and specify the relationship. Check all boxes that apply.

Continued, next page...

(*Continued*) Instructions: FORM 3 – Product Information.

8. **Customer Type:** Check all boxes that indicate the customer type for which this product is intended. Also, indicate the percentage of each customer type in the blanks provided. The percentages must total 100%.

9. **Dilution Ratios:** Indicate by checking "yes" or "no" if this product is sold as a *concentrate* that requires dilution according to the product *label*. **If "yes,"** list the amounts of the product and *diluent*, and the type of *diluent*, in the spaces provided. The "least dilute" will be the highest amount of product to *diluent* (i.e., most concentrated), as specified on the product's *label*. "Most dilute" will be the smallest amount of product to *diluent* as specified on the product's *label* (i.e., least concentrated). If a product can be used "straight" or non-diluted as well as diluted, the "least dilute" value will be 1 part product to 0 parts diluent. *Do not* use arbitrary terms such as "scoop"; specify appropriate units of measure, such as 0.25 cups. However, ratios are acceptable.

   For example: on the *label*, a concentrated hair care product recommends diluting 1 part product to 1 part water for "extra" hold and 1 part product to 4 parts water for "light" hold. So, the *diluent* is water and the table would read as shown.

	Product		Diluent	
Dilution:	*amount*	*units*	*amount*	*units*
least dilute	1	part	1	part
most dilute	1	part	4	part

10. **Sales Data Collection Method:** To specify how the quantity of units sold ("Qty Sold") in item 12 was determined, indicate which sales data was used: California-specific sales, or prorated sales data by population (see population estimates provided in Attachment D). If prorating was used, specify whether national, regional, or distribution sales data was prorated, or whether a different prorating method was used. If sales data was collected in a way other than California-specific or by prorating, check "Other Collection Method Used" and describe how sales data was collected. Use the "Comments" section, item 13, if more space is needed.

11. **General Information:** Indicate by checking "yes" or "no" if this product 1) is a *pet care product*, 2) is a FIFRA (Federal Insecticide, Fungicide, and Rodenticide Act) registered product, 3) is regulated by the Food & Drug Administration (FDA) as an Over-the-Counter (OTC) drug (*Note: Prescription-only drugs are not covered by this survey and do not need to be reported*), and 4) contains a resin, polymer, or other film-forming compound.

Continued, next column...

12. **2003 California Sales Data:** Provide the sales information for this product (or combined sales for this *product group*) for Calendar Year 2003. **Please note that internet sales must be included.** Use the comment field (item 13) to report additional sizes, if there are more than six.

    Product Size: List each size that this product or *product group* is sold in. Record the size(s) directly from the product *label(s).*

    Volume/Mass filled: For each size listed, indicate the average total volume (in fl oz) or average total mass (in wt oz) of product actually filled into the container, including *overfill* amounts of 2% or greater. If the product is not overfilled by 2% or greater, simply re-enter the value from the previous column. Refer to sample product #1, found on page VI-2, for an example of how to fill out the *overfill* question.

    "Overfill" means the amount of product in a container that exceeds the mass or volume stated on the product label.

    Barrier packs and compartmentalized containers: report the mass or volume of product and *propellant*, including overfill, both **inside** and **outside** the bag or **above** and **below** the piston, even if this amount does not match the product size on the *label*.

    Wipes/towels/cloths/sheets/pads: report only the mass or volume of liquid (or other substance) in the impregnated substrate.

    Units: Indicate whether this product is sold in weight ounces (wt oz) or fluid ounces (fl oz). This unit should apply to both numbers listed in the previous two columns, "Product Size" and "Volume/Mass filled".

    Qty Sold: List, for each size, the total number of units sold in California during 2003. **Please note that internet sales must be included.** If this is a *product group*, combine the sales of the individual products within each size.

    Liquids (fl oz) only: For liquids reported in fluid ounces, provide either the density, indicating the units (pounds/gal or grams/milliliter), or the specific gravity. *For density, use the abbreviations #/gal or g/ml.* It may be necessary to contact your formulating company to acquire this information.

13. **Comments:** Provide any comments that will help us understand your product or how you have filled out the survey for this product.

LABELS: **See "Submitting Product Labels" on page III-9.** Submit one entire representative product *label* for each FORM 3 (only one for each product or *product group*). See the checkboxes on the form and page III-9 for further instructions on *label* submittal.

Product Tracking #: _____

Supplement to FORM 3 – Product Group Details

The table below has been provided *only* for those companies that have grouped products together for the purposes of this survey (see FORM 3, Item 4).

1. Copy the following from FORM 3:

- Company Name:_____
- Full product name representing this *product group*:_____
- Product Tracking #: *place in box, upper right corner of this page.*

2. Complete the following columns according to the method used to group the products (by color, *fragrance*, botanical/herbal extract, and/or size), which is also indicated by checking the attribute box(es) on FORM 3. Submit one completed copy of this page for each FORM 3 that represents a *product group.*

Individual Product Name	**Color** (if applicable)	**Fragrance/ Botanical or herbal extract** (if applicable)	**Size and units** (if applicable)
More products to list? Photocopy this page as needed.			

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

Instructions: FORM 4 – Ingredient Information

This form requests ingredient information for the products being reported. If the *responsible party* holds all ingredient information, then that company will complete both Sections A and C of this form (Section B is optional). If the *responsible party* does not hold the ingredient information, this form will be completed by two companies: the *responsible party* (Sections A and B), and the *formulator* (Section C). One completed FORM 4 must be submitted to ARB for each product or *product group*.

Confidential Information *(in the upper left corner of All Forms):*
The *responsible party* should check the box if the information on this form is confidential. This information will be handled as described on page IV-2.

Check (✔) if Confidential ❑

Product Tracking # *(in the upper right corner of Forms 3 and 4):* For a product or *product group*, this number is identical to that assigned on FORM 3. See page III-5 for more information on assigning product tracking numbers.

Product Tracking #: _____

A. PRODUCT NAME & RESPONSIBLE PARTY COMPANY NAME
List the full product or *product group* name, as it appears on FORM 3. List the *responsible party's* company name, which was also listed in the first section of FORM 1.

B. RESPONSIBLE PARTY CONTACT INFORMATION
This section is only needed if the *responsible party* is sending this form to a *formulator* for completion of ingredient information in Section C. The contact information is provided here for cases where a *formulator* may need to contact the *responsible party*.

C. INGREDIENTS: ROUND TO THE NEAREST 0.1 WEIGHT PERCENT.
This section, which gathers ingredient information about this product, is to be completed by the holder of the ingredient information, whether it is the *responsible party* or a *formulator*.

If multiple formulas were used for this product during Calendar Year 2003, the most recent formula should be reported. If the ingredients varied because they were supplied by different vendors, report the ingredients from the most representative vendor.

1. **Specific Ingredient Table:** If the product contains any of the compounds listed, enter the weight percent to the nearest 0.1% for each compound (HFC-134a, 1,1,1-Trichloroethane, Parachlorobenzotrifluoride, Perchloroethylene, Aminomethylpropanol (AMP), Paradichlorobenzene,

Continued, next column...

Naphthalene, Nitrogen (N_2), Menthol, HCFC-141b, Methylene Chloride, Volatile Methyl Siloxanes, HFC-152a, Acetone, Methyl Acetate, Carbon Dioxide, and Water).

Subtotal: Solely to make the Grand Total easier to calculate, subtotal the weight percent (Wt. %) of both lines as indicated at the right (C1 % Subtotal).

2. **Speciation Table:** In the table, list all *Volatile Organic Compounds* (*VOCs*), *partial LVP-VOCs*, and all *Low Vapor Pressure Volatile Organic Compounds* (*LVP-VOCs*) (see Attachment E, "LVP-VOCs to be Individually Reported") that comprise at least 0.1 weight percent (Wt. %) of the product. See the Related Definitions section in Part VII, for definitions of *VOC*, *partial LVP-VOC*, *LVP-VOC*, and *Hydrocarbon Solvent*.

Required for each ingredient listed:

Chemical Name: Enter the generic or chemical name for the compound.

CAS Number: Enter the Chemical Abstract Service (CAS) number for the compound or mixture obtained from your supplier.

Weight Percent: Enter the weight percent of the ingredient, to the nearest 0.1%. If the ingredient is a mixture of known components, list the weight percentages of the individual components.

Note: If the product is sold as a concentrate, list the Wt. % as sold (undiluted).

Trade Name Manufacturer, and Bin #: These columns are required only for *hydrocarbon solvents*. A list of *hydrocarbon solvents,* bin numbers and other information has been provided in Attachment F and Attachment G.

Trade Name: Manufacturer's proprietary name for the compound or mixture.

Manufacturer Name: Enter the name of the manufacturer for the compound or mixture.

Bin #: List the bin number for the compound or mixture. Please contact your manufacturer if you do not know the bin number.

Continued, next page...

(Continued) Instructions: FORM 4 – Ingredient Information

More Lines needed? If there are **more than eight** speciated ingredients for this product, photocopy this table and continue to specify the compounds as shown. Attach the photocopy to this FORM 4 and enter a weight percent (Wt. %) subtotal from that page in the space indicated, just above the "grouped" items.

Grouped Totals (line-item entries in bottom right portion of FORM 4) Enter the aggregated weight percent, as indicated, of those ingredients not listed on the "Specific Ingredient Table" or the "Speciation Table" in this section:

Group other LVP-VOCs: Aggregate any remaining *LVP-VOCs*, (those that individually comprise less than 0.1 Wt. % or any not included in the speciation table above).

Group other exempts: Aggregate other ARB-exempt ingredients (those not already listed in Section C1). See the definition of *VOC* in the Related Definition section of Part VII for the list of ARB exempt compounds.

Group other inorganics: Aggregate other inorganics (all those except nitrogen and water, which were included in Section C1 "Specific Ingredient Table" above).

For example, these compounds may include, but are not limited to, ammonia, clay, hydrogen peroxide, and metallic salts.

Continued, next column...

Group all fragrance: Aggregate all *fragrance* and enter the total in the space indicated. See the definition of "fragrance" in the Related Definition section of Part VII.

Note: d-limonene, l-limonene, and pine oils must be speciated in the *VOC* speciation table above.

***Group VOCs* that are each less than 0.1 Wt.%:** Aggregate all *VOC* compounds for which *each* individual compound comprises less than 0.1 weight percent of the product. Enter total in the space indicated.

Section C2 Subtotal: Sum the weight percentages for all ingredients listed in this table (including the line-items entries).

Grand Total: Sum Subtotals C1 and C2, and enter the value in the Grand Total box. **The Grand Total *must* equal 100 percent**. If this value does not sum to 100, check the component percentages for errors.

3. **Contact Information:** This information references the party that completed this section (Section C, the ingredients section). Enter the name, title, telephone number, and email address and company of the person ARB should contact for clarification about ingredient information submitted. Enter the date this form was completed.

For questions about filling out this or other forms, please contact ARB staff, see page III-11.