



CALIFORNIA AIR RESOURCES BOARD * 2006 CONSUMER & COMMERCIAL PRODUCTS SURVEY
STATIONARY SOURCE DIVISION, AIR QUALITY MEASURES BRANCH**

FORM 1 – Responsible Party Information

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if
Confidential

<p>1. Company Name: <u>TD Pen Company</u></p> <p>Division Name(s): _____</p> <p>Mailing Address: <u>1849 Post Pattern Drive</u></p> <p>City: <u>Stick</u> State: <u>CA</u> Zip: <u>94197</u></p> <p>Webpage: <u>www.wideout.com</u></p>	<p>2. Parent Company Name (if applicable): <u>Bay Holdings</u></p> <p>Mailing Address: <u>1967 Haight St.</u></p> <p>City: <u>Ashbury</u> State: <u>CA</u> Zip: <u>94198</u></p> <p>Webpage: <u>www.au-gate.com</u></p>
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3. Contact Person/Title: I. Will Wright Phone: (415) 555-1906
 (List person ARB can contact with questions about this survey.)
 Fax/Email: wright@wideout.com

4. North American Industry Classification System (NAICS) (see Attachment B) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">339941</div> <div style="border: 1px solid black; padding: 2px;">339942</div> <div style="border: 1px solid black; padding: 2px;">339943</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	5. Number of products: (enter total number of products and/or product groups submitted) <u>25</u>
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6. Type of Business	7. Gross Annual Receipts For Calendar Year 2006	8. Employees For Calendar Year 2006		9. Contract Employees For Calendar Year 2006	
check (✓) all that apply	check (✓) one	Worldwide check (✓) one	California Only check (✓) one	Worldwide check (✓) one	California Only check (✓) one
<input checked="" type="checkbox"/> Manufacturer/Marketer <input checked="" type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> Between \$250,000 and \$1 million <input checked="" type="checkbox"/> Between \$1 million and \$10 million <input type="checkbox"/> Between \$10 million and \$50 million <input type="checkbox"/> Between \$50 million and \$100 million <input type="checkbox"/> Between \$100 million and \$1 billion <input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input checked="" type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input checked="" type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input type="checkbox"/> None <input checked="" type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750

10. Comments: _____

11. Certification: I certify that the information on this form and attached forms is true, accurate, and complete.

Name: Jerry Montana Title: Operations Manager

Signature: [Signature] Date: 9/9/07

FORM 2 – Contact(s) for Ingredients

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if Confidential

Will a formulator be reporting product ingredients (FORM 4) for your company? 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, TD Pen 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

Check (✓) for All Products <input type="checkbox"/> or Product Tracking Number(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	
Formulator Company Name: <u>Free Agent Color Co.</u>	Formulator Contact Name: <u>Joe Rice</u>
Address: <u>1 High Tech Way</u>	Title: <u>Chemist</u>
City: <u>Silicon Gulch</u> State: <u>CA</u> Zip: <u>94196</u>	Phone: <u>(415) 555-1492</u> Fax: <u>(415) 555-1776</u>
	Email: <u>rice@silicongulch.com</u>

formulator

Product Tracking Number(s): <input type="checkbox"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

formulator

Product Tracking Number(s): <input type="checkbox"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

Product Tracking #: 1

FORM 3 – Product Information
<http://www.arb.ca.gov/consprod/rcgact/2006surv/2006surv.htm>

Check (✓) if Confidential

1. Full Product Name: <u>6 Color Set B (black marker)</u>		2. Company Name: <u>TD Pen Co.</u>																			
3. ARB Category Code(s) Primary Category Code: <u>21106</u>		If applicable, Additional Category Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
4. Product Groups Does this product represent a product group? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, see "Supplement to FORM 3" for instructions. LABELS: Submit one entire representative label for this product or product group.		5. Delivery or Packaging System check (✓) one <input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads <input type="checkbox"/> pressurized aerosol container <input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle <input type="checkbox"/> squeeze tube/squeeze bottle/cartridge <input checked="" type="checkbox"/> other (specify): <u>marker</u>																			
7. Relation to Product check (✓) all that apply <input checked="" type="checkbox"/> Manufacturer/ Marketer <input checked="" type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____		8. Customer Type – check (✓) all that apply (Provide actual or intended percentages) <input checked="" type="checkbox"/> Household <u>95</u> % <input checked="" type="checkbox"/> Commercial/ Institutional <u>5</u> % <input type="checkbox"/> Industrial _____ % total must = 100%																			
9. Dilution Ratios Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, complete the table below. → Specify diluent here: _____		10. Sales Data Collection Method check (✓) one <input type="checkbox"/> Used CA-specific sales data <input checked="" type="checkbox"/> Estimated by prorating data Specify "national", "regional", "distribution centers" or other: <u>national</u> <input type="checkbox"/> Other collection method used (specify): _____																			
11. General Information Is this a FIFRA registered product? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Does this product contain a resin, polymer, or other film-forming compound (visible or not)? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is this an FDA regulated OTC drug? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is this product sold in a multi-pack? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		12. 2006 California Sales Data: complete for each size sold <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Product Size (from label)</th> <th>Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i></th> <th>Number of Individual Product Units Sold (in CA in 2006)</th> </tr> </thead> <tbody> <tr> <td>1 <u>6 markers</u></td> <td><u>2 cc</u></td> <td><u>15276</u></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table>		Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA in 2006)	1 <u>6 markers</u>	<u>2 cc</u>	<u>15276</u>	2			3			4			5		
Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA in 2006)																			
1 <u>6 markers</u>	<u>2 cc</u>	<u>15276</u>																			
2																					
3																					
4																					
5																					
13. Comments: <u>Data for black marker only. See next product for colored markers</u>																					

LABELS: Submit one entire representative label for this product or product group; OR check (✓) if unchanged label submitted in 2001 or 2003 Survey

Product Tracking #: 1

FORM 4 – Ingredients

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if Confidential

A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT – To be completed by the responsible party.

Full Product Name: 6 Points Set B (black) Company Name: TD Pen Company
 Contact Person/Title: I. Will Wright Phone: (415) 555-1906 Fax/Email: wright@wideout.com

B. FORMULATOR/INGREDIENT CONTACT – To be completed by the individual filling out Part C, below.

Company Name: Free Agent Color Co. Phone: (415) 555-1492 Fax/Email: rice@siliconguleh.com
 Contact Person/Title: Joe Rice, Chemist Signature/Date: Joe Rice 9/14/07

C. INGREDIENTS – All questions (#1, 2, & 3) to be completed by the company that holds the ingredient information (either the responsible party or formulator).

1. Specific Ingredients: Indicate the weight percent (Wt.%) of the following compounds		2. Speciation Table: List all VOCs (Aerosol Coatings list all ROCs), LVP-VOCs listed in Attachment E, partial LVP-VOCs, HFCs, HCFCs, HFES, CFCs, and Excluded compounds (per VOC definition) that comprise at least 0.1 Wt. %.			Trade Name & Manufacturer*	Bin #*		
Compounds	Weight %	Chemical Name	CAS Number	Weight %	*(For hydrocarbon solvents only)			
Water	46.0	1 n-propanol	71-23-8	35.0				
Camphor		2 n-butanol	71-36-3	8.0				
AMP		3 diacetone alcohol	123-42-2	5.0				
Metallic Carbonates (sodium/potassium carbonate, etc.)		4						
Acetone		5						
Completely Methylated Siloxanes		6						
Methyl Acetate		7						
Parachlorobenzotrifluoride		8						
Ammonia		9						
Methylene Chloride		10						
Perchloroethylene		11						
HFC-152a		List additional ingredients on a separate page; enter the weight percent subtotal from that page on this line =			3. Report Density (units) -OR- Specific Gravity: For products filled by volume <u>only</u> (e.g. fl. oz., gal.) Check (✓) one: <input type="checkbox"/> Density -OR- <input checked="" type="checkbox"/> Specific Gravity <u>0.85</u>			
HFC-134a		Group VOCs that are each less than 0.1 Wt. % =						
Polytetrafluoroethylene (PTFE)		Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left) =						
Compressed Air		6.0						
Carbon Dioxide		Group remaining inorganic compounds (Do not include those listed left) =						
Nitrogen								
Nitrous Oxide		Group all fragrance (Do not include limonenes or pine oils) =						
Section 1: % Subtotal =	46.0	Section 2: % Subtotal =			54.0	Total (Sections 1+2) =	100	Must = 100%

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

Product Tracking #: 2

FORM 3 – Product Information
<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if Confidential

1. Full Product Name: <u>6 Points Set B (colors)</u>		2. Company Name: <u>TD Pen Company</u>																				
3. ARB Category Code(s) Primary Category Code: <u>2106</u>		If applicable, Additional Category Code(s): 																				
4. Product Groups Does this product represent a product group? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, see "Supplement to FORM 3" for instructions.	5. Delivery or Packaging System check (✓) one <input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads <input type="checkbox"/> pressurized aerosol container <input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle <input type="checkbox"/> squeeze tube/squeeze bottle/cartridge <input checked="" type="checkbox"/> other (specify): <u>marker</u>	6. Dispensed Form check (✓) one <input type="checkbox"/> post-foaming gel <input type="checkbox"/> foam/mousse <input checked="" type="checkbox"/> liquid <input type="checkbox"/> semisolid <input type="checkbox"/> solid <input type="checkbox"/> mist/dispersed spray <input type="checkbox"/> other (specify): _____																				
LABELS: Submit one entire representative label for this product or product group.																						
7. Relation to Product check (✓) all that apply <input checked="" type="checkbox"/> Manufacturer/ Marketer <input checked="" type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	8. Customer Type – check (✓) all that apply (Provide actual or intended percentages) <input checked="" type="checkbox"/> Household <u>95</u> % <input checked="" type="checkbox"/> Commercial/ Institutional <u>5</u> % <input type="checkbox"/> Industrial _____ % total must = 100%	9. Dilution Ratios Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, complete the table below. → Specify diluent here: _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Product</th> <th colspan="2">Diluent</th> </tr> <tr> <th>amount</th> <th>units</th> <th>amount</th> <th>units</th> </tr> </thead> <tbody> <tr> <td>most concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>least concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product		Diluent		amount	units	amount	units	most concentrated					least concentrated				
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3																						
4																						
5																						
13. Comments: <u>Data for colored (non-black) markers only. See last product for black marker data.</u>																						

LABELS: Submit one entire representative label for this product or product group; OR check (✓) if unchanged label submitted in 2001 or 2003 Survey

Product Tracking #:

2

FORM 4 – Ingredients

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if Confidential

A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT – To be completed by the responsible party.

Full Product Name: 6 Points Set B (color) Company Name: TD Pen Company

Contact Person/Title: I. Will Wright Phone: (415)555-1906 Fax/Email: wright@wideout.com

B. FORMULATOR/INGREDIENT CONTACT – To be completed by the individual filling out Part C, below.

Company Name: Free Agent Color Company Phone: (415)555-1492 Fax/Email: nice@silicongulch.com

Contact Person/Title: Joe Rice, Chemist Signature/Date: [Signature] 9/14/07

C. INGREDIENTS – All questions (#1, 2, & 3) to be completed by the company that holds the ingredient information (either the responsible party or formulator).

1. Specific Ingredients: Indicate the weight percent (Wt.%) of the following compounds		2. Speciation Table: List all VOCs (Aerosol Coatings list all ROCs), LVP-VOCs listed in Attachment E, partial LVP-VOCs, HFCs, HCFCs, HFES, CFCs, and Excluded compounds (per VOC definition) that comprise at least 0.1 Wt. %.			Trade Name & Manufacturer* Bin #*	
Compounds	Weight %	Chemical Name	CAS Number	Weight %	*(For hydrocarbon solvents only)	
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Camphor		2 n-butanol	71-36-3	8.0		
AMP		3 diacetone alcohol	123-42-2	2.0		
Metallic Carbonates (sodium/potassium carbonate, etc.)		4				
Acetone		5				
Completely Methylated Siloxanes		6				
Methyl Acetate		7				
Parachlorobenzotrifluoride		8				
Ammonia		9				
Methylene Chloride		10				
Perchloroethylene		11				
HFC-152a		List additional ingredients on a separate page; enter the weight percent subtotal from that page on this line = Group VOCs that are each less than 0.1 Wt. % =			3. Report Density (units) -OR- Specific Gravity: For products filled by volume <u>only</u> (e.g. fl. oz., gal.) Check (✓) one: <input type="checkbox"/> Density -OR- <input checked="" type="checkbox"/> Specific Gravity	
HFC-134a						
Polytetrafluoroethylene (PTFE)		Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left) =			4.0	0.86
Compressed Air		Group remaining inorganic compounds (Do not include those listed left) =				
Carbon Dioxide		Group all fragrance (Do not include limonenes or pine oils) =				
Nitrogen						
Nitrous Oxide						
Section 1: % Subtotal =	51.0	Section 2: % Subtotal =			49.0	Total (Sections 1+2) = 100 Must = 100%

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