

(Yes or No)

I**COMPANY INFORMATION****Company Name****Contact Person****Division Name (s)****Phone Number****Fax Number****Address****E-mail****Address****Co. Website****Address****RESPONSIBLE PARTY**

(YES or NO)

(If no, stop here, and submit this form to ARB)

SIC CODES**INDEPENDENT OWNERSHIP**

Is your company independently owned (Yes/No)?

If No, provide parent company information below.

Parent Company Name

Parent Company Address

NATIONWIDE EMPLOYEES

(0) None

(1) 1 to 10

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CONTRACT EMPLOYEES (USA)

(0) None

(1) 1 to 10

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CALIFORNIA EMPLOYEES

(0) None

(1) 1 to 10

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CONTRACT EMPLOYEES (CA)

(0) None

(1) 1 to 10

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

GROSS ANNUAL RECEIPTS

(1) Less than \$250,000

(2) Between \$250,000 to \$1 million

(3) Between \$1 million and \$10 million

(4) Between \$10 million and \$100 million

(5) More than \$100 million

FORMULATION DATA

Are you forwarding the formulation data for one or more of your products to another company for completion (Yes or No)?

If Yes, please complete Form II: Formulator Information (next page).**CERTIFICATION**

"I hereby certify that, to the best of my knowledge and belief, all information entered on the Company Information Form, Formulator Information Form, Product Sales Form, Product Ingredient Form, and Research and Development Forms is complete and accurate."

Name: _____

Title: _____

Signature: _____

Date Signed: _____

FOR ARB USE ONLY:

Company File Number

Product Number

Confidential
(Yes or No)

AIR RESOURCES BOARD
1998 AEROSOL ADHESIVES SURVEY
FORMULATOR INFORMATION

Form

II

If you have completed Form III: Product Sales for which you do not have the formulation data, please provide the company name, address and contact person's name and phone number in the spaces below.

RESPONSIBLE PARTY NAME

Form IV-B: Product Ingredients
Sheet Number(s)

Formulator Name

Address

Contact
Name

Phone
Number

Form IV-B: Product Ingredients
Sheet Number(s)

Formulator Name

Address

Contact
Name

Phone
Number

Form IV-B: Product Ingredients
Sheet Number(s)

Formulator Name

Address

Contact
Name

Phone
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Form IV-B: Product Ingredients
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Formulator Name

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1998 AEROSOL ADHESIVES SURVEY**

Form

III

(Yes or No)

PRODUCT SALES Sheet # ____ of ____

RESPONSIBLE PARTY AND PRODUCT NAME

Responsible Party Name

Formulator Name (If different than Responsible Party Name)

Full Product Name

SALES REPORTING OPTIONS

Option 1: Total CA Sales in Pounds

Option 2: Product Size Distribution Table

	Size	CA Units Sold
#1		
#2		
#3		
#4		
#5		
#6		

Size Units

Wt. Oz.

Fluid Oz.

(if fluid Oz, list one below)

Density, lb/Gal

Density, g/ml

Specific Gravity

PRODUCT CATEGORY

Type of Spray:

Lace

Particle

Type of Application:

Mounting

High Performance

Other, please list

Repositionable

General Purpose

Substrate (Check all that applies):

Ceramic

High Pressure Laminate

Styrofoam®

Expanded Polystyrene Foam

Leather

Vinyl

Fabric

Metal

Wood

Fiberglass

Paper

Other, please list

Glass

Rubber

PRODUCT INGREDIENTS

Do you have all of the ingredient information for this product (Yes or No)?

If YES complete **Form IV-A: Product Ingredients** entirely, Or if the product was reported in the ARB's "1997 Consumer and Commercial Products Survey," dated February 28, 1998, please **submit copies of product formulation data and complete the LVP-VOC section on Form IV-A,**

If NO, send **Form IV-B: Product Ingredients** to your formulator.

FOR ARB USE ONLY:

Company File Number

Product Number

Confidential

**AIR RESOURCES BOARD
1998 AEROSOL ADHESIVES SURVEY**

Form
IV-A

(Yes or No)

PRODUCT INGREDIENTS Sheet # ___ of ___

RESPONSIBLE PARTY AND PRODUCT NAME

Responsible Party Name

Full Product Name

INGREDIENT INFORMATION

VOC SPECIATION TABLE

**EXEMPT AND INORGANIC
COMPOUNDS**

	Ingredient Name	CAS #	Wt. %
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
#10			
Total VOC ingredients each less than 0.1% by wt. of the product			

Methyl Acetate	
Parachlorobenzotrifluoride	
Methylene Chloride	
1,1,1-Trichloroethane	
Volatile Methyl siloxanes	
Acetone	
Carbon Dioxide	
HFC-152a	
Water	
Perchloroethylene	
All Other Exempt Compds	
All Other Inorganic Compds	

(A) Total VOC Content

(B) Total Exempt/Inorganic

LVP-VOC SOLVENT SPECIATION TABLE

	Ingredient Name	Trade Name	CAS #	Wt. %
#1				
#2				
#3				
#4				
#5				
#6				
#7				
Total LVP-VOC solvents each less than 0.1% by wt. of the product				

(C) Total LVP-VOC Solvents

(D) Total Other LVP-VOC Content

Total of A, B, C and D (MUST EQUAL 100 %)

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Product Number

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1998 AEROSOL ADHESIVES SURVEY

Form

IV-B

(Yes or No)

PRODUCT INGREDIENTS Sheet # ___ of ___

RESPONSIBLE PARTY AND PRODUCT NAME

Responsible Party Name

Full Product Name

FORMULATOR COMPANY DATA

Formulator Company Name/Address

Contact Person

Phone/Fax
Numbers

E-mail
Address

INGREDIENT INFORMATION

VOC SPECIATION TABLE

	Ingredient Name	CAS #	Wt. %
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
#10			
Total VOC ingredients each less than 0.1% by wt. of the product			

EXEMPT AND INORGANIC
COMPOUNDS

	Wt. %
Methyl Acetate	
Parachlorobenzotrifluoride	
Methylene Chloride	
1,1,1-Trichloroethane	
Volatile Methyl siloxanes	
Acetone	
Carbon Dioxide	
HFC-152a	
Water	
Perchloroethylene	
All Other Exempt Compds	
All Other Inorganic Compds	
(A) Total VOC Content	(B) Total Exempt/Inorganic

(A) Total VOC Content

(B) Total Exempt/Inorganic

LVP-VOC SOLVENT SPECIATION TABLE

	Ingredient Name	Trade Name	CAS #	Wt. %
#1				
#2				
#3				
#4				
#5				
#6				
#7				
Total LVP-VOC Solvents each less than 0.1% by wt. of the product				

(C) Total LVP-VOC Solvents

(D) Total Other LVP-VOC Content

Wt. %

Total of A, B, C and D (MUST EQUAL 100 %)

FOR ARB USE ONLY:

Company File Number

Product Number

**AIR RESOURCES BOARD
1998 AEROSOL ADHESIVES SURVEY**

Form
R&D
Part 1

Confidential
(Yes or No)

RESEARCH OVERVIEW Sheet # ___ of ___

COMPANY NAME

Research and Development Efforts Update

Please provide an overview of your research and development efforts, successes and failures, undertaken to achieve **VOC levels less than 75 percent by weight**. Your description should include the raw materials (solvents, propellants, resins, and polymers) and hardware (valves, actuators, cans) tested, the testing protocols used, and the results of the testing.

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Company File Number

Product Number

**AIR RESOURCES BOARD
1998 AEROSOL ADHESIVES SURVEY**

Form
R&D
Part 2

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(Yes or No)

RESEARCH AND DEVELOPMENT RESULTS

COMPANY NAME

Research and Development Results

Please indicate by checking the appropriate boxes which technologies you have tested:

Technology	Tested	Not Tested
Water-based		
Acetone		
Parachlorobenzotrifluoride		
Methyl Acetate		
Volatile Methyl Siloxanes		
Other Exempt Solvents Tested, please list:		
HFC-152a Propellant		
Carbon Dioxide Propellant		
Other Propellants Tested, please list:		
Increasing Solids Content		
Low Solvent Resin Technology		
Hardware		
Other Tested, please list:		

Please fill out **Form R&D_Part 3** for technologies that you have tested. For technologies not tested, please indicate on **Form R&D_Part 4** the reasons you have not explored these technologies. If the reason is economic, please include your estimate of the incremental cost of manufacturing using this technology.

FOR ARB USE ONLY:

Company File Number

Product Number

**AIR RESOURCES BOARD
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Form
R&D
Part 3

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(Yes or No)

TECHNOLOGY TESTED

Sheet # ___ of ___

COMPANY NAME

Technology Description:

Type of Application:

Mounting

High Performance

Other, please list

Repositionable

General Purpose

Substrate (Check all that applies):

Ceramic

High Pressure Laminate

Styrofoam®

Expanded Polystyrene Foam

Leather

Vinyl

Fabric

Metal

Wood

Fiberglass

Paper

Other, please list

Glass

Rubber

Technological Advantages or Shortfalls:

Potential VOC Level (alone or in combination), please specify any stipulations and timeframe:

Incremental Cost of Manufacturing:

FOR ARB USE ONLY:

Company File Number

Product Number

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Form
**R&D
Part 4**

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(Yes or No)

TECHNOLOGY NOT TESTED Sheet # ___ of ___

COMPANY NAME

Technology Not Tested:

Technology Not Tested:

Technology Not Tested:

FOR ARB USE ONLY:

Company File Number

Product Number