

Check (✓) if  
Confidential

## FORM 3 Current Product Information

**Instructions:** Provide information requested below regarding a representative product currently sold in California with over 25 percent by weight VOC content.

**A. PRODUCT PACKAGING**

1. Product Name(s): _____						
2. Company Name: _____						
3. Category: <input type="checkbox"/> Multi-purpose Lubricant <input type="checkbox"/> Penetrant						
4. Delivery or Packaging System check (✓) one	<input type="checkbox"/> pressurized aerosol container	5. Dispensed Form check (✓) one	<input type="checkbox"/> liquid			
	<input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank)		<input type="checkbox"/> mist/dispersed spray			
	<input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle		<input type="checkbox"/> other (specify): _____			
	<input type="checkbox"/> other (specify): _____					
6. Dilution Ratios Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes</i> , complete adjacent table. → <i>Specify</i> diluent here: _____		concentration	Product		Diluent	
		most	amount	units	amount	units
		least				

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

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

List all ingredients (round off to 0.1%):					
Chemical Name/Trade Name	Ingredient Function	Weight %	Bin #	VOC/LVP/Inorganic?	MIR Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
<b>% Total=</b>		<b>100.0</b>			