

Check (✓) if  
Confidential

## FORM 3 Current Product Information

**Instructions:** Complete one Form 3 for each product currently sold in California. Copy and complete additional Form 3s, as needed.

### A. PRODUCT PACKAGING

1. Product Name(s): _____		
2. Company Name: _____		
3. Category: <input type="checkbox"/> Multi-purpose Solvent <input type="checkbox"/> Paint Thinner <input type="checkbox"/> Other (specify) _____		
4. Indicate if this product is currently exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Dispensed Form	<input type="checkbox"/> Aerosol
If Yes, check (✓) one :	check (✓) one	<input type="checkbox"/> Liquid
<input type="checkbox"/> Artist's Solvent / Thinner		<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> High Temperature Coating Thinner		
<input type="checkbox"/> Industrial Maintenance Coating Product Thinner		
<input type="checkbox"/> Zinc Rich Primer Thinner		
<input type="checkbox"/> Other _____		

### 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>			