

Check (✓) if
Confidential

FORM 4

Research and Development Prototype Product Information

Instructions: Complete one Form 4 for each research and development effort. Copy and complete additional Form 4s, 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 or intends to use an exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Dispensed Form	<input type="checkbox"/> Aerosol <input type="checkbox"/> Liquid <input type="checkbox"/> Other _____
If Yes, check (✓) one : <input type="checkbox"/> Artist's Solvent / Thinner <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 _____	check (✓) one	

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					
% Total=		100.0			