

Product Tracking #: \_\_\_\_\_

### FORM 3 – Product Information

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

Check (✓) if Confidential

<b>1. Full Product Name:</b> _____		<b>2. Company Name:</b> _____																				
<b>3. ARB Category Code(s)</b> Primary Category Code: <input style="width: 50px;" type="text" value="20511"/>		If applicable, Additional Category Code(s): <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>																				
<b>4. Product Groups</b> Does this product represent a product group? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, see "Supplement to FORM 3" for instructions.	<b>5. Delivery or Packaging System</b> check (✓) one <ul style="list-style-type: none"> <li><input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads</li> <li><input type="checkbox"/> pressurized aerosol container</li> <li><input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank)</li> <li><input type="checkbox"/> barrier pack or compartmentalized dispenser</li> <li><input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle</li> <li><input type="checkbox"/> squeeze tube/squeeze bottle/cartridge</li> <li><input type="checkbox"/> other (specify): _____</li> </ul>	<b>6. Dispensed Form</b> check (✓) one <ul style="list-style-type: none"> <li><input type="checkbox"/> post-foaming gel</li> <li><input type="checkbox"/> foam/mousse</li> <li><input type="checkbox"/> liquid</li> <li><input type="checkbox"/> semisolid</li> <li><input type="checkbox"/> solid</li> <li><input type="checkbox"/> mist/dispersed spray</li> <li><input type="checkbox"/> other (specify): _____</li> </ul>																				
<b>LABELS:</b> Submit one entire representative label for this product or product group.																						
<b>7. Relation to Product</b> check (✓) all that apply <ul style="list-style-type: none"> <li><input type="checkbox"/> Manufacturer/ Marketer</li> <li><input type="checkbox"/> Distributor</li> <li><input type="checkbox"/> Retailer</li> <li><input type="checkbox"/> Contract Packager</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul>	<b>8. Customer Type</b> – check (✓) all that apply (Provide actual or intended percentages) <ul style="list-style-type: none"> <li><input type="checkbox"/> Household _____%</li> <li><input type="checkbox"/> Commercial/ Institutional _____%</li> <li><input type="checkbox"/> Industrial _____%</li> </ul> total must = 100%	<b>9. Dilution Ratios</b> Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input 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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	amount	units	amount	units																		
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<b>10. Sales Data Collection Method</b> check (✓) one <ul style="list-style-type: none"> <li><input type="checkbox"/> Used CA-specific sales data</li> <li><input type="checkbox"/> Estimated by prorating data Specify "national", "regional", "distribution centers" or other: _____</li> <li><input type="checkbox"/> Other collection method used (specify): _____</li> </ul>																						
<b>11. General Information</b>  Is this a FIFRA registered product? <input type="checkbox"/> yes <input type="checkbox"/> no  Does this product contain a resin, polymer, or other film-forming compound (visible or not)? <input type="checkbox"/> yes <input type="checkbox"/> no  Is this an FDA regulated OTC drug? <input type="checkbox"/> yes <input type="checkbox"/> no  Is this product sold in a multi-pack? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>12. 2008 California Sales Data:</b> complete for each size sold <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Product Size (from label)</th> <th style="width: 50%;">Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i></th> <th style="width: 25%;">Number of Individual Product Units Sold (in CA in 2008)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></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 2008)	1			2			3			4			5			
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<b>13. Comments:</b> _____																						

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