
COMPANY INFORMATION SECTION INSTRUCTIONS

- 1) **Company Name:** Enter the entire company name.
- 2) **Division Name(s):** If the respondent to the survey is representing a division of the company, please enter the division name.

If the respondent to the survey is a company reporting for several divisions, please enter all division names in the boxes provided and submit one Company Information Section with your Product Information Packets. If there are not enough boxes available to list all of your divisions, please list the remaining division names in the "comments" section at the end of the Product Information Packet.
- 3) **Contact Person:** Enter the name of the person to be contacted by the ARB if clarifications are needed.
- 4) **Address:** Enter the mailing address of the company or division responsible for completing the survey.
- 5) **Phone Number:** Enter the phone number of the contact person.
- 6) **Fax Number:** Enter the fax number of the contact person.
- 7) **E-mail Address:** Enter the E-mail address of the contact person, if available.
- 8) **Responsible Party:** Enter the appropriate answer in the box ((0) for No or (1) for Yes) to indicate if your company is the *responsible party* for any of the product categories listed in Attachment A that were sold in California in calendar year 1995. If you are not the *responsible party*, please stop here and submit this form to the ARB.
- 9) **Forwarding the Survey to Another Company for Formulation Data:** Please indicate in the box provided if your company will be forwarding a copy of this survey to another company for completion (i.e., when another company manufactures the product and the formulation is unknown to the marketer). If so, please enter the name and address of that company in the boxes provided and complete the rest of this section.

Please be sure you have spoken to the company you list here and have confirmed that they will be reporting the data and understand the reporting requirements. If they will be sending the formulation data directly to the ARB, please make sure that they also complete and submit to the ARB questions 1-8 of the Company Information Packet.

COMPANY INFORMATION SECTION INSTRUCTIONS

10) **Number of Product Information Packets:** If you are not forwarding the survey to another company for completion, enter the number of Product Information Packets you will submit with this survey. Each Product Information Packet can include more than one product if the criteria for grouping products are met (refer to **GROUPING PRODUCTS** on page 1.7).

11-15) **Type of Business:** Enter the appropriate answer in each box ((0) for No and (1) for Yes) to indicate if that type of business is conducted by the company or division. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.

16) **Standard Industrial Classification (SIC) Codes:** Enter any of the following SIC codes that apply to the company for the products listed in Attachment A. If none of these SIC codes apply, please fill in the company's primary SIC code(s). For clarification about SIC codes, please refer to the Executive Office of the President, Office of Management and Budget, 1987 Standard Industrial Classification Manual or call a member of the ARB staff (see Attachment A).

2834 Pharmaceutical Preparations
2841 Soap and Other Detergents, Except Specialty Cleaners
2842 Specialty Cleaning, Polishing, and Sanitation Preparations
2844 Perfume, Cosmetics and Other Toilet Preparations
2851 Paints, Varnishes, Lacquers, Enamels, and Allied Products
2873 Nitrogenous Fertilizers
2874 Phosphatic Fertilizers
2879 Pesticides and Agricultural Chemicals, Not Elsewhere Classified
2891 Adhesives and Sealants
2899 Chemicals and Chemical Preparations, Not Elsewhere Classified
2992 Lubricating Oils and Greases

17) **Company Ownership:** Enter the appropriate answer in the box ((0) for No and (1) for Yes) to indicate if the company is *independently owned*. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.

If your answer is (1) Yes, please continue to question number 18.

If your answer is (0) No, please enter the name and address of the *parent company*.

COMPANY INFORMATION SECTION INSTRUCTIONS

- 18) **Number of Employees Nationwide:** Enter the corresponding answer for the number of *employees* (including part-time and temporary employees) the company or division has nationwide. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.
- 19) **Number of Contract Employees Nationwide:** Enter the corresponding answer for the number of *contract employees* the company or division has nationwide. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.
- 20) **Number of Employees in California:** Enter the corresponding answer for the number of *employees* (including part-time and temporary employees) the company or division has in California. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.
- 21) **Number of Contract Employees in California:** Enter the corresponding answer for the number of *contract employees* the company or division has in California. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.
- 22) **Typical Gross Annual Receipts:** Enter the corresponding answer for the typical *gross annual receipts* generated by the company or division. Please refer to the Supplemental Definitions (Attachment D) for clarification of the terms in this question.
- 23) **Certification:** Please have a designated contact person certify the accuracy of the completed Company Information Section and the Product Information Packet(s) (if applicable).