Appendix F

Reporting Forms

Appendix F1

Manufacturers Application

Submit by Email Print Form

California Environmental Protection Agency
AIR RESOURCES BOARD

Application Form for the Sale and Certification of Manufacturers of Small Containers of Automotive Refrigerant in California

Mail or E-mail Completed Application to:

California Air Resources Board
Research Division
ATTN: Winston Potts - Application Review Coordinator
1001 I Street
Sacramento, CA 95812
Phone 916-323-2537

Pre-Application Meeting: ☐ I request a pre-application meeting. Please complete the section below and return this form to the email or address shown above.

Application: ☐ Please complete all sections of the form below and return this form to the email or address shown above.

Company Information

Date:

Company Name	
Company Mailing Address	
Company Web Site	
Company Contact Person and Title	
Phone No., FAX No., and E-mail	
Preparer Name	
Preparer Address	
Prepare Phone and E-mail	

Instructions for Completion of This Applications:

An applicant must submit the following information in an application for certification:

1. Model number(s), size(s), and SKU(s) of the small containers of automotive refrigerant for which certification is requested. Please give this information in the space allotted below.

2. The applicant must supply test data that demonstrates the small cans of automotive refrigerant comply with each of the requirements specified in Section 2.1 of the Certification Procedures.

3. Engineering drawings of the small containers of automotive refrigerant that detail the dimensions specific to each component.

4. A sample of the small container of automotive refrigerant.

5. Test data from each of the test procedures specified in Section 2.1 of the Certification Procedures.

6. Any other test data that supports the requirements in section 3.4 of the Certification Procedures and that would assist in the determination of certification.

7. The language and documentation required by Sections 2.2 through 2.4 of the Certification Procedures.

8. Each manufacturer seeking an Executive Order for small containers of refrigerant must identify and register with ARB each facility that will be used to recover refrigerant from a small container. Registration includes providing location, contact information, a description of recovery equipment including operating parameters such as vacuum to be used and operational capacity, and description of any processing and ultimate fate of the recovered refrigerant. Any recovery facility must use best operating procedures to minimize leakage of refrigerant to the atmosphere.

Accept for part 1 above, all of the other sections must be prepared by the manufacturer and submitted with the application. The complete package can be sent by E-mail or conventional mail.

Product Identification Information

Model Number	
Size of Can	
SKUs	
Model Number	
Size of Can	
SKUs	

Certification

Company Name: _____

I, _____, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge, professional expertise, and experience.

_____ _____

Signature Date

_____ _____

Printed Name Title

Appendix F2

Application Recycler

Submit by Email Print Form

California Environmental Protection Agency
AIR RESOURCES BOARD

Application Form for Registration of a Facility to Recover, Reclaim,or Recycle Refrigerant from a Small Container

Mail or E-Mail Completed Application to:

California Air Resources Board
Research Division
ATTN: Winston Potts - Application Review Coordinator
1001 I Street
Sacramento, CA 95812
Phone 916-323-2537

Pre-Application Meeting: ☐ I request a pre-application meeting. Please complete the section below and return this form to the email or address shown above.

Application: ☐ Please complete all sections of the form below and return this form to the email or address shown above.

Company Information

Date:

Company Name	
Company Mailing Address	
Company Web Site	
Company Contact Person and Title	
Phone No., FAX No., and E-mail	
Preparer Name	
Preparer Address	
Prepare Phone and E-mail	

Instructions for Completion of This Applications:

Information:

The following definitions have been added to this document to help the applicant in completing the form.

"Recover" means to remove refrigerant, in any condition, from a system without necessarily testing or processing it in any way.
"Recycle" means to clean refrigerant for reuse by oil separation and by single or multiple passes through moisture-absorption devices, such as replaceable core filter-driers that reduce moisture, acidity, and particulate matter.
"Reclaim" means to process refrigerant to a level equivalent to new product specifications in accordance with the ARI 700 Standard ("Specifications for Fluorocarbon Refrigerants", Air-conditioning & Refrigeration Institute, Arlington, VA, 2006).

An applicant must submit the following information in an application for Registration

Facility Information

Part 1. Facility Contact Information

Facility Name	
Facility Location	
Facility Address	
Contact Person	
Contact Information	

Part 2. Facility Description

a. Please describe all recovery equipment that will be used to recover, reclaim, recycle, or dispose of refrigerant. Include all operating parameters, such as vacuum to be used. Any facility must use best operating proceduresto minimize leakage of refrigerant to the atmosphere.

b. Specify the operating capacity of the facility for all aspects of the recovery operation.

c. The ultimate fate of the refrigerant should be described for each specific operation of the facility.

Certification

Company Name: _____

I, _____, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge, professional expertise, and

_____ _____

Signature Date

_____ _____

Printed Name Title

Appendix F3

Small Containers of Automotive Refrigerant Reporting Forms

Submit by Email Print Form

California Environmental Protection Agency
AIR RESOURCES BOARD

Reporting of Sales and Recycling of Small Containers of Automotive Refrigerant

Mail or E-mail Completed Form to:

California Air Resources Board
Research Division
ATTN: Winston Potts - Report Coordinator
1001 I Street
Sacramento, CA 95812
Phone 916-323-2537

Reporting Period

October 1, _____ to September 30, _____

Due: December 1, _____

Instructions
Retailers: Please fill in sections A, B1, B2, and G
Distributors: Please fill in Sections A, C, and G
Manufacturers: Please fill in Sections A, D, E, and G
Recyclers: Please fill in Sections A, E, F, and G
Note: Please print out extra pages if necessary!

Section A: Information and Identification of Retailer, Distributor, Manufacturer, Recycler, or Other

Please identify your type of facility

☐ Retailer ☐ Distributor ☐ Manufacturer ☐ Recycler ☐ Other

Company Name _____

Mailing Address _____

Street Address _____

Contact Person _____

Contact Telephone _____

Section B1: Sales Data for Retailers

Sales by Manufacturer or Distributor: Please Insert Monthly Can Amounts

Manufacturer or Distributer	SKU	1	2	3	4	5	6	7	8	9	10	11	12

Section B2: Return Data for Retailers

Return Data by Manufacturer or Distributor: Please Insert Monthly Can Amounts

Manufacturer or Distributer	SKU	1	2	3	4	5	6	7	8	9	10	11	12

Section C: Sales Data for Distributors

Sales Data for Distributor: Please Insert Monthly Can Amounts

Retailer	SKU	1	2	3	4	5	6	7	8	9	10	11	12

Section D: Sales Data for Manufacturers

Manufacturer Sales: Please Insert Monthly Can Amounts

Retailer or Distributer	SKU	1	2	3	4	5	6	7	8	9	10	11	12

Section E: Return Data for Manufacturers

Manufacturer or Recycler Returns: Please Insert Monthly Can Amounts

Distributer	Retailer	SKU	1	2	3	4	5	6	7	8	9	10	11	12

Section F: Recovery Data for Recyclers

Recycler Amounts Recovered, Recycled, Reclaimed, and Disposed: Please Insert Monthly Mass Amounts

Manufacturer	SKU	Operation Performed	1	2	3	4	5	6	7	8	9	10	11	12
		Recovered												
		Recycled												
		Reclaimed												
		Disposed												
		Totals												

Section G: Authorization - THIS SECTION TO BE COMPLETED BY PERSON AUTHORIZED TO PREPARE REPORT.

Certification:
I certify to the best of my knowledge that the submitted information is true, accurate, and complete

Print/ Type Name

Title

Signature

Date