

Clean Air Choices Cleaner Submittal Checklist

Please submit the following information along with the product sample. Incomplete submittals will not be able to be processed.

| Name | of Product ¹ : | | |
|------------|---|---|--|
| Applic | able Product Category or intend | ded use: | |
| Compa | any Name: | | |
| Addre | ss: | | |
| City: | | State: | Zip Code: |
| Telephone: | | Fax Number: _ | |
| Contac | ct Person(s): | | |
| E-mail | address: | | |
| | Formulation data sheet for the prequested); This is essential for Material data sheet for the produced Sealed, labeled, unopened 1 quancomplete user instructions on he dilution and/or mixing ratios and (Optional) Copy of official letter certification organization; Check payable to "SCAQMD" is | roduct, if available (vexpedited testing and act; art sample of product; ow the product is inted any other relevant is rand/or certificate av | vill be treated as confidential if d approval. ended to be used, including information; warded by an approved third party |

Submittal Address

Clean Air Choices
Cleaner Certification
Attn: Mike Morris
Planning, Rule Development & Area Sources
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4182

¹ A manufacturer may attach a list of products and the appropriate category, along with additional information as a package.