EPA Form 3520-12A (05-02-	·2018) - Fuel Manufactu	irer Annual Rep	oort for Motor	Vehicle Fuel		Page 1 of 2
TIATOTITISSED STATES OF THE ST	Form Approval OMB No. 2060-0150 Approval Expires 01/31/2020					
ONIVA	Leave Blank					
* Required field						
* 1. Company Name:	* 1a. Company ID:					
* 2. Street Address:		* 3. Fuel ID:				
* City:	* State: * Zip:			* 4. Report Year:		
* 5. Brand name of the moto	or vehicle fuel covered b	by this report:				1
6. Fuel properties, to the extent known:		Percent by weight			Methods of Analysis	
		Highest	Lowest	Average		eviously reported: No if "No", identify below
(a) Aromatics (Diesel	Only)					
(b) Olefins (Diesel Onl	y)					
(c) Saturates (Diesel Only)						
(d) Polynuclear Organic Material						
(e) Sulfur (Diesel Only)						
(f) Trace Elements						
Gasoline: (g) Distillation: 10% Point (°C)						
(h) Distillation: End Point (°C)						
(i) Research Octane Number						
(j) Motor Octane Nun	nber					
Diesel Fuel: (k) Distillation: 90% Point (°C)						
(I) Distillation: End Po	int (°C)					
(m) Cetane Number o	or Index					

of action of th products of th health or welf	ne additive; reaction ne additive when u are effects of the	ons between the a used in gasoline o emission product	additive and gasoling or diesel fuel; the effe	e or diese ects of the	el fuel; the identification e additive on all emission	orted, concerning the mechanisms n and measurement of the emission ons; the toxicity and any other public ts of the emission products of the				
□No	Yes	If "Yes," attach separate sheet(s) providing summaries of such information and a description of the test procedures used in obtaining the information.								
		•			•	ems. If no claim is made, the ality will be handled pursuant to				
Do yoι	ı wish to assert a d	claim of confident	tiality for any of item	ns 6 and /	or 7?					
*	* No Yes If "Yes," indicate "Yes" or "No" for each item below:									
	Item 6:	Yes	□No							
	Item 7:	Yes	□No							
9. Certification  To the best of my knowledge, the above is complete and correct.  I am authorized by the manufacturer to submit this information.										
Signature:										
* Date:										
* Name of S	* Name of Signer:  First Name:  Last N			ame:		Title:				
		rson is the same a	as the signer above.							
* Contact P	Person: First Nam	ne:	Last N	lame:		Title:				
* Telephon	e: )		Extension:		Fax:					
E-mail:				· · · · · · · ·						
Comments:										
Mail the completed form to: U.S. Environmental Protection Agency				or, via	courier:					
William Jefferson Clinton Building Mail Code - 6405A 1200 Pennsylvania Avenue, NW Washington, DC 20460  Program Support:			U.S. Environmental Protection Agency William Jefferson Clinton Building - North Room 5512D; (202) 343-9038 1200 Pennsylvania Ave, NW Washington, DC 20004							

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https://www.epa.gov/fuels-registration-reporting-and-compliance-help

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