U.S. Environmental Protection Agency
Office of Transportation and Air Quality

Fuel Additive Manufacturer Annual Report

* Required Field

Form Approval
OMB No. 2060-0150
Approval Expires 01/31/2020

Leave Blank

* 1. Company Name:

* 1a. Company ID:

* 2. Report Year: (Year format:YYYY)

* 3. Report Type: (Check Only One)

☐ Original ☐ Resubmission

4. For any additive below, do you have information, not previously reported, on the levels of impurities greater than 0.1 percent by weight?

☐ No ☐ Yes

If "Yes," attach separate sheet(s) giving, to the extent known, the highest, lowest, and average values of impurities, and the methods of analysis used.

5. For any additive below, do you have information, not previously reported, concerning the mechanisms of action of the additive; reactions between the additive and gasoline and/or diesel fuel; the identification and measurement of the emission products of the additive when used in gasoline and/or diesel fuel; the effects of the additive on all emissions; the toxicity and any other public health or welfare effects of the emissions products of the additive; and/or the effects of the emission products of the additive on the performance of emission control devices/systems?

☐ 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.

6. Production Values:

	a: Additive ID:	b. Market: - Aftermarket - Bulk - Both	c: Production Volume:	d. Productions Units: - Gallons (gal) - Pounds (lb) - Kilogram (kg)

* 7. Confidential Business Information - You may assert a business confidentiality claim for certain items. If no claim is made, the information may be made available to the public without further notice. All questions of confidentiality will be handled pursuant to 40 CFR 2.

Do you wish to assert a claim of confidentiality for items 4, 5 and/or 6?

* ☐ No ☐ Yes If "Yes," indicate "Yes" or "No" for each item below:

Item 4:	☐ Yes	☐ No
Item 5:	☐ Yes	☐ No
Item 6:	☐ Yes	☐ No

8. 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 Signer:	First Name: _____	Last Name: _____	Title:
☐ Check if the Contact Person is the same as the signer above.			
* Contact Person:	First Name: _____	Last Name: _____	Title:
* Telephone: (____) _____	Extension: _____	Fax: _____	
E-mail:			

Comments

Mail the completed form to:

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William Jefferson Clinton Building
Mail Code - 6405A
1200 Pennsylvania Avenue, NW
Washington, DC 20460

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Fax (202) 343-2825
Email: caldwell.jim@epa.gov
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This office is operated by a contractor for the EPA.

or, via courier:

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