

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.

Nam	Name of Product ¹ :		
Appl	Applicable Product Category or intended use:		
Com	Company Name:		
Addr	Address:		
City:	City: State:	Zip Code:	
	Contact Person(s):		
	E-mail address:		
AQN \square	Formulation data sheet for the product, if available (will be requested); This is essential for expedited testing and app	MD requires the following items to be submitted along with the contact information: Formulation data sheet for the product, if available (will be treated as confidential if requested); This is essential for expedited testing and approval.	
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$\overline{\mathbf{A}}$	(Optional) Copy of official letter and/or certificate awarded by an approved third party certification organization;		
$\overline{\mathbf{V}}$	☑ Check payable to "SCAQMD" in the amount of \$880.18	for the product sampling fee.	
Suhm	Submittal Address		

Clean Air Choice Cleaner Certification Attn: Steve Tsumura 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.