

 <b>EPA</b> United States Environmental Protection Agency		<b>TOXIC RELEASE INVENTORY</b>  <b>FORM A</b>		TRI Facility ID Number  _____	
<b>WHERE TO SEND COMPLETED FORMS:</b> 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513					
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		<b>Revision (enter up to two code(s))</b> _____		<b>Withdrawal (enter up to two code(s))</b> _____	
<b>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</b>					
<b>PART 1. FACILITY IDENTIFICATION INFORMATION</b>					
<b>SECTION 1. REPORTING YEAR</b> _____					
<b>SECTION 2. TRADE SECRET INFORMATION</b>					
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
<b>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</b>					
Pursuant to 40 CFR 372.27(a)(1), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) listed in this statement, for this reporting year, the annual reportable amount for each chemical, as defined in 40 CFR 372.27(a)(1), did not exceed 5,000 pounds, which included no more than 2,000 pounds of total disposal or other releases to the environment, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year;" and/or					
Pursuant to 40 CFR 372.27(a)(2), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) of special concern listed in this statement, there were zero disposals or other releases to the environment (including disposals or other releases that resulted from catastrophic events) for this reporting year, the "Annual Reportable Amount of a Chemical of Special Concern" for each such chemical, as defined in 40 CFR 372.27(a)(2), did not exceed 500 pounds for this reporting year, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year."					
Name and official title of owner/operator or senior management official:			Signature:		Date Signed:
<b>SECTION 4. FACILITY IDENTIFICATION</b>					
4.1	Facility or Establishment Name				TRI Facility ID Number
Facility or Establishment Name			Facility or Establishment Name or Mailing Address (If different from street address)		
Street			Mailing Address		
City/County/State/Zip Code			City/State/Zip Code		Country (Non-US)
4.2	This report contains information for: (Important: Check c or d if applicable)				c. <input type="checkbox"/> A Federal facility
d. <input type="checkbox"/> GOCO					
4.3	Technical Contact Name		Telephone Number (include area code)		
	Email Address		_____		
4.4	Public Contact Name		Telephone Number (include area code)		
	Email Address		_____		
4.5	NAICS Code (s) (6 digits)		Primary	a.	b.
	_____		c.	d.	e.
4.6	Dun & Bradstreet Number (s) (9 digits)		a.		
	_____		b.		
<b>SECTION 5. COMPANY INFORMATION</b>					
5.1	Name of Parent Company		NA <input type="checkbox"/>		
5.2	Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>		

**EPA FORM A**  
**PART II. CHEMICAL IDENTIFICATION**

TRI Facility ID Number:

Do not use this form for reporting Dioxin and Dioxin-like Compounds\*

<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report ___ of ___</b>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)</b>		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report ___ of ___</b>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
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<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report ___ of ___</b>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
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\*See the TRI Reporting Forms and Instructions Manual for the TRI-listed Dioxin and Dioxin-like Compounds