



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

Form Approval
OMB No. 2060-0150
Approval Expires 01/31/2004

Leave Blank

Fuel Manufacturer Annual Report for Motor Vehicle Gasoline or Diesel Fuel

1. Company Name:	1a. Company ID:
2. Address:	3. Fuel ID:
	4. Report Year:

5. Brand name of the motor vehicle fuel covered by this report:

6. Fuel properties, to the extent known:			
	Percent by weight		Methods of Analysis
	Highest	Lowest	Average
	Same as previously reported: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "No", identify below or on a separate sheet.		
(a) Aromatics (Diesel Only)			
(b) Olefins (Diesel Only)			
(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 Number			
Diesel Fuel:			
(k) Distillation: 90% Point (°C)			
(l) Distillation: End Point (°C)			
(m) Cetane Number or Index			

7. For any additive that you reported you may use, do you have any information, not previously reported, concerning the mechanisms of action of the additive; reactions between the additive and gasoline or diesel fuel; the identification and measurement of the emission products of the additive when used in gasoline or diesel fuel; the effects of the additive on all emissions; the toxicity and any other public health or welfare effects of the emission products of the additive; and/or, for gasoline only, 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.

8. 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 6 and/or 7?

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

Item 6:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Item 7:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 Signer (print):	Title:
Telephone:	Fax:
E-mail:	

Comments:



Mail the completed form to:

U.S. Environmental Protection Agency
 Attn: Fuel Registration/Suite L-103
 Mail Code - 6406J
 1200 Pennsylvania Avenue, NW
 Washington, DC 20460-0001

Telephone (202) 564-9754
 Fax (202) 565-2153
 email: caldwell.jim@epa.gov, fernandes.joseph@epa.gov

This office is operated by a contractor for the EPA.

or, via courier:

U.S. Environmental Protection Agency
 Attn: Fuel Registration/Suite L-103
 Mail Code - 6406J
 501 Third Street, NW
 Washington, DC 20001