

 <p>EPA United States Environmental Protection Agency</p>		<h1 style="margin: 0;">TOXICS RELEASE INVENTORY</h1> <h2 style="margin: 0;">FORM A</h2>					
						TRI Facility ID Number	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (Enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>		Withdrawal (Enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>			
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.							
PART I. FACILITY IDENTIFICATION INFORMATION							
SECTION 1. REPORTING YEAR _____							
SECTION 2. TRADE SECRET INFORMATION							
2.1	Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3)			2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)		
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)							
I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, 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:		
SECTION 4. FACILITY IDENTIFICATION							
4.1	Facility or Establishment Name			TRI Facility ID Number			
	Physical Street Address			Mailing Address (if different from physical street address)			
	City/County/Tribe/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 and ext.)			
	Email Address						
4.4	Public Contact Name			Telephone Number (include area code and ext.)			
	Email Address						
4.5	NAICS Code(s) (6 digits)	Primary					
		a.	b.	c.	d.	e.	f.
4.6	Dun & Bradstreet Number(s) (9 digits)	a.					
		b.					
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)			No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>			
5.2	Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>				

EPA FORM A		TRI Facility ID Number
PART II. CHEMICAL IDENTIFICATION		
Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*		
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ___ of ___
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.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
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*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)