



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

Form Approval  
OMB No. 2060-0150  
Approval Expires 10/31/2016  
Leave Blank

# Fuel Additive Manufacturer Notification

\* Required Field

\* 1. Additive (Commercial Name): \_\_\_\_\_

\* 2. Company Name: \_\_\_\_\_ \*  New Company  Registered Company 2a. Company ID: \_\_\_\_\_

\* 3. Street Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* Country: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\* 4. Method of Use (Check as Appropriate):

- Bulk Treatment - Blended into fuel prior to being dispensed into a vehicle.
- Aftermarket - Sold in consumer-sized containers for addition to a vehicle's fuel system.

5. Recommended Usage and Range of Concentration

(Complete as appropriate. If this is an aerosol, only indicate the recommended frequency of use)

Bulk Treatment For Use In	Range of Additive Concentration ( ) Unit			Aftermarket For Use In	Range of Additive Concentration ( ) Unit		
	Highest	Lowest	Average		Highest	Lowest	Average
Unleaded Motor Vehicle Gasoline				Unleaded Motor Vehicle Gasoline			
Motor Vehicle Diesel Fuel				Motor Vehicle Diesel Fuel			

If this is an aerosol, recommended frequency of use: \_\_\_\_\_

6. Recommended Purpose-In-Use of the fuel additive named in Item 1 (Check Appropriate Item(s)).

Gas	Diesel	Purpose-In-Use	Gas	Diesel	Purpose-In-Use
<input type="checkbox"/>	<input type="checkbox"/>	(a) Anti-icing agent/moisture absorbent	<input type="checkbox"/>	<input type="checkbox"/>	(ac) Additive component
<input type="checkbox"/>	<input type="checkbox"/>	(b) Antiknock	<input type="checkbox"/>	<input type="checkbox"/>	(af) Anti-flamant
<input type="checkbox"/>	<input type="checkbox"/>	(c) Antioxidant	<input type="checkbox"/>	<input type="checkbox"/>	(an) Acid neutralizer
<input type="checkbox"/>	<input type="checkbox"/>	(d) Antistall agent	<input type="checkbox"/>	<input type="checkbox"/>	(bc) Blended component/blend stock
<input type="checkbox"/>	<input type="checkbox"/>	(e) Antistatic agent	<input type="checkbox"/>	<input type="checkbox"/>	(bd) Biodiesel
<input type="checkbox"/>	<input type="checkbox"/>	(f) Cetane improver	<input type="checkbox"/>	<input type="checkbox"/>	(ca) Carrier
<input type="checkbox"/>	<input type="checkbox"/>	(g) Combustion improver/modifier	<input type="checkbox"/>	<input type="checkbox"/>	(cc) Combustion chamber cleaner
<input type="checkbox"/>	<input type="checkbox"/>	(h) Corrosion inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	(cp) Cloud point depressant
<input type="checkbox"/>	<input type="checkbox"/>	(i) Deposit modifier/control	<input type="checkbox"/>	<input type="checkbox"/>	(dc) Detergent compound
<input type="checkbox"/>	<input type="checkbox"/>	(j) Detergent	<input type="checkbox"/>	<input type="checkbox"/>	(df) Defoamer
<input type="checkbox"/>	<input type="checkbox"/>	(k) Dye	<input type="checkbox"/>	<input type="checkbox"/>	(di) Diluent
<input type="checkbox"/>	<input type="checkbox"/>	(l) Gum solvent	<input type="checkbox"/>	<input type="checkbox"/>	(ec) Emission control
<input type="checkbox"/>	<input type="checkbox"/>	(m) Masking or odorizing agent	<input type="checkbox"/>	<input type="checkbox"/>	(es) Exhaust system cleaner
<input type="checkbox"/>	<input type="checkbox"/>	(n) Metal deactivator	<input type="checkbox"/>	<input type="checkbox"/>	(fr) Certified detergent
<input type="checkbox"/>	<input type="checkbox"/>	(o) Pour point depressant	<input type="checkbox"/>	<input type="checkbox"/>	(ia) Identifying agent
<input type="checkbox"/>	<input type="checkbox"/>	(p) Sediment inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	(ic) Fuel injector cleaner
<input type="checkbox"/>	<input type="checkbox"/>	(q) Stabilizer or dispersant	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Intake valve cleaner
<input type="checkbox"/>	<input type="checkbox"/>	(r) Upper cylinder lubricant	<input type="checkbox"/>	<input type="checkbox"/>	(la) Lubricity agent
<input type="checkbox"/>	<input type="checkbox"/>	(s) Octane enhancer	<input type="checkbox"/>	<input type="checkbox"/>	(mr) Marker
<input type="checkbox"/>	<input type="checkbox"/>	(t) Flow improver	<input type="checkbox"/>	<input type="checkbox"/>	(ox) Oxygenate
<input type="checkbox"/>	<input type="checkbox"/>	(u) Volume extender	<input type="checkbox"/>	<input type="checkbox"/>	(pc) Process chemical
<input type="checkbox"/>	<input type="checkbox"/>	(v) Carburetor and choke cleaner	<input type="checkbox"/>	<input type="checkbox"/>	(ri) Rust inhibitor
<input type="checkbox"/>	<input type="checkbox"/>	(w) Algaecide/bactericide/fungicide	<input type="checkbox"/>	<input type="checkbox"/>	(sf) Starting Fluid
<input type="checkbox"/>	<input type="checkbox"/>	(x) Valve lubricant	<input type="checkbox"/>	<input type="checkbox"/>	(sw) Sweetener
<input type="checkbox"/>	<input type="checkbox"/>	(y) Demulsifier/dehazer	<input type="checkbox"/>	<input type="checkbox"/>	(tr) Tracer
			<input type="checkbox"/>	<input type="checkbox"/>	(sc) Scavenger

\* 7. Chemical Composition:

(a) Names of Additive Compounds or Components	Component Percent	Methods of Analysis	Chemical Abstract Service No.

(b) Elemental Breakdown	Elemental Percent	Methods of Analysis

(c) Information on the chemical process of manufacturer is attached.  Yes  No

8. Chemical Structure - Is the chemical structure of all components completely defined by the names given under Item 7(a)?  
 Yes  No If "No," attach separate sheet(s) providing the complete structures of such components, so far as they are known.

\*  Yes  No Does this Additive use Nanotechnology?

9. Impurities - If greater than 0.1% by weight, to the extent known:

Percent by Weight

Name of Impurities	Highest	Lowest	Average	Methods of Analysis



**If you answered "yes" to item 12, skip to item 19.**

15. Is this fuel additive derived only from conventional petroleum, heavy oil deposits, coal, tar sands, and/or oil sands?

 Yes       No

16. Small Business Provisions - 40 CFR 79.58(d).

A manufacturer of a baseline or non baseline additive whose average of the previous three years annual sales revenue is less than \$50 million is exempt from the Tier 1 and Tier 2 health-effects testing requirements. A manufacturer of an atypical additive whose average of the previous three years annual sales revenue is less than \$10 million is exempt from the Tier 2 requirements. If you believe that you qualify for an exemption, enter below your sales revenue for each of the previous three years and the average.

(Note: In cases where subsidiary, divisional, or other complex business arrangements exist, the business entity to which this sales level pertains is the parent company with ultimate ownership. The "ultimate" parent is defined as the uppermost headquarters or topmost company encompassing all related parents, subsidiaries, divisions, branches, or other operating units. This definition follows that used by the Small Business Administration. It also helps to ensure that a company will not subdivide merely to become eligible for an exemption.)

Annual sales revenue 3 years ago:	\$
Annual sales revenue 2 years ago:	\$
Annual sales revenue 1 year ago:	\$
Average of above:	\$

Is the above average for the company named in Item 2?

 Yes       No      If "No," complete the following:

Name of the parent company with ultimate ownership:	
Street Address: _____	
City: _____	State: _____ Province: _____ Zip: _____ Country: _____
Contact Name:	Phone:
Title:	Email:

17. Aerosol - Is this an aerosol additive?

 No       Yes

If "Yes," do you claim applicability of the special provisions for aerosol additives at 40 CFR 79.58(e)?

 No       Yes      If "Yes," attach the information required for an aerosol additive and skip to item 19.

18. Grouping Information - Pursuant to 40 CFR section 79.56. If you do not qualify for an aerosol or Tier 1 and Tier 2 small business exemption, you must be a member of a testing group appropriate for your fuel additive or supply the appropriate health-effects test information.

This additive is covered by the following testing group:

Group description:			
Organizing entity:			
Contact person:	Prefix: _____	First Name: _____	Last Name: _____
Telephone:	( ____ ) _____	Extension: _____	Fax: ( ____ ) _____
Email:			
Address:	Street: _____		
	City: _____	State: _____	Zip: _____ Country: _____
	Province: _____		

**OR**

I have attached the appropriate information.

Yes       No      If "No," attach an explanation.

\* 19. 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 any item?

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

Item 5: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 7: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 8: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 9: <input type="checkbox"/> Yes <input type="checkbox"/> No

Item 10: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 11: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 12: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 13: <input type="checkbox"/> Yes <input type="checkbox"/> No

Item 14: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 15: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 16: <input type="checkbox"/> Yes <input type="checkbox"/> No
Item 18: <input type="checkbox"/> Yes <input type="checkbox"/> No

20. Attachments - Are attachments included with this notification?

No       Yes      If "Yes," list below:

No       Yes      Are the attachments confidential?  
If "Yes," also indicate on attachments.

21.Certification

To the best of my knowledge, the above is complete and correct.

I am authorized by the manufacturer to submit this notification.

As per 40 CFR 79.21(f), the U.S. Environmental Protection Agency would be notified in writing if certain information in this notification were to change.

This fuel additive manufacturer will not represent, directly or indirectly, in any notice, circular, letter, or other written communication, or any written, oral, or pictorial notice or other announcement in any publication or by radio or television, that registration of this fuel additive constitutes endorsement, certification, or approval by any agency of the United States.

Signature: _____	
* Date: _____	
* Name of Signer Prefix: _____ First Name: _____ Last Name: _____	
* Telephone: ( _____ ) _____	Extension: _____ Fax: ( _____ ) _____
Title: _____	E-mail: _____
<input type="checkbox"/> Check if the Contact Person is the same as the signer above.	
* Contact Person: Prefix: _____ First Name: _____ Last Name: _____	
* Telephone: ( _____ ) _____	Extension: _____ Fax: ( _____ ) _____
Title: _____	E-mail: _____

Comments:

**Mail the completed form to:**

U.S. Environmental Protection Agency  
 William Jefferson Clinton Building  
 Mail Code - 6405A  
 1200 Pennsylvania Avenue, NW  
 Washington, DC 20460

Telephone (202) 343-9648  
 Fax (202) 343-2825  
 Email: caldwell.jim@epa.gov  
 Email: solar.jose@epa.gov

This office is operated by a contractor for the EPA.

**or, via courier:**

U.S. Environmental Protection Agency  
 William Jefferson Clinton Building  
 Room 6520V; (202) 343-9038  
 1200 Pennsylvania Ave, NW  
 Washington, DC 20004