



# Safer Choice Program Form for Adding Third-Party Partners and Products

## (Private Label Companies, Licensees, or Toll Manufacturers)

**Paperwork Reduction Act Statement:** The paperwork burden for this collection of information is estimated to average 16 hours per response for formulators of cleaning and non-cleaning products and 8 hours per response for partners wishing to add third-party partners and products. Burden is defined in 5 CFR 1320.3(b). Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. You may send comments regarding EPA's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed application to this address.

### Instructions

Type in your information. Email the form and required documents to your Safer Choice third party profiler. All third-party products must be identical to a Safer Choice partnership product, or vary only as to minor components (reviewed by Safer Choice and specified in the Partnership Agreement). The types of third-party partners and products are defined by their relationship to Safer Choice's direct partners (i.e., signatories to a partnership agreement):

*Private Label:* A Safer Choice partner places the label of another company, the private-label partner, on its Safer Choice formulation.

*Licensee:* A Safer Choice partner allows another company, the licensee partner, to manufacture its Safer Choice formulation and place the licensee's label on the product.

*Toll Manufacturer:* A Safer Choice partner has another company, the toll-manufacturer partner, make and label its Safer Choice formulation.

### STEP 1

Indicate the basic information for the Safer Choice partner company here.

#### Partner Information

Company Name	<input type="text"/>
Website	<input type="text"/>

### STEP 2

If it is necessary to update the contact information for the partner for either the headquarters (HQ) or manufacturing (Mfg.) addresses, please do so here.

#### Update Contact Information

Has your address or contact information changed since your last form submission?  Yes  No If yes, please update information

Company HQ Address	<input type="text"/>				Number of Employees	<input type="text"/>	
HQ City	<input type="text"/>	HQ State	<input type="text"/>	HQ ZIP	<input type="text"/>	HQ Country	<input type="text"/>
Company Mfg. Address	<input type="text"/>						
Manufacturing City	<input type="text"/>	Mfg. State	<input type="text"/>	Mfg. ZIP	<input type="text"/>	Mfg. Country	<input type="text"/>
Marketing Contact	<input type="text"/>	Email	<input type="text"/>			Phone	<input type="text"/>

### STEP 3

Indicate the contact and relationship information for the third-party company that sells the product.

#### Third-Party Company Information

Third Party Co. Name	<input type="text"/>					
Website	<input type="text"/>				Relationship to Safer Choice Partner	<input type="text"/>

#### Third-Party Contact Information

Third-Party Co. HQ Address	<input type="text"/>				Number of Employees	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>	Country	<input type="text"/>
Marketing Contact	<input type="text"/>	Email	<input type="text"/>			Phone	<input type="text"/>

Use this space for additional information about your relationship with the third-party company.



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**STEP 4**

List up to four different products and indicate the alternate names under which they are sold by a third-party company, sectors, UPC(s), production and usage details, and any additional explanatory notes. If you have additional products, please submit another form.

Please use one wide row (marked by the thick borders) per product.

To select a sector, first select the sector category in the small drop-down of each sector. After the category is selected, you may select the specific sector from the adjacent menu.

Please separate UPCs by commas.

\*Please enter product names exactly as they appear on your Safer Choice Partnership Agreement.

Name of your product that is exactly the same as the third-party product*	Name of third-party company product	Sector(s)	If the product is a concentrate, what is the used dilution?	Annual production volume (estimate in lbs./year)
Brand Name:  Product Name:	Brand Name:  Product Name:	      Notes: UPC(s): GSA #:		
Brand Name:  Product Name:	Brand Name:  Product Name:	      Notes: UPC(s): GSA #:		
Brand Name:  Product Name:	Brand Name:  Product Name:	      Notes: UPC(s): GSA #:		
Brand Name:  Product Name:	Brand Name:  Product Name:	      Notes: UPC(s): GSA #:		