



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

Form Approval
OMB No. 2060-0150 Approval
Expires 01/31/2020

Leave Blank

Fuel Manufacturer Notification for Motor Vehicle Fuel

* Required field

* 1. Brand name(s) of the motor vehicle fuel covered by this notification (list): **(Please separate each brand name by comma)**

* 2. Company Name: * New Company
* Registered Company 3. Company ID:

* 4. Street Address: _____

* City: _____ * Country: _____ * State: _____ * Province: _____ * Zip: _____

* 5. Type of Fuel

(a) Unleaded Premium Gasoline (d) Grade 1-Diesel (g) Renewable Diesel
 (b) Unleaded Regular Gasoline (e) Grade 2-Diesel
 (c) Unleaded Midgrade Gasoline (f) BioDiesel (h) Other (Specify): _____

6. Fuel properties, to the extent known:	Percent by weight			Methods of Analysis (a) through (f) only
	Highest	Lowest	Average	
(a) Aromatics				
(b) Olefins				
(c) Saturates				
(d) Polynuclear Organic Material				
(e) Sulfur				
(f) Trace Elements				
Gasoline:				
(g) Reid Vapor Pressure _____				
(h) Distillation: 10% Point (°C)				
(i) Distillation: End Point (°C)				
(j) Research Octane Number				
(k) Motor Octane Number				
Diesel Fuel:				
(l) Distillation: 90% Point (°C)				
(m) Distillation: End Point (°C)				
(n) Cetane Number or Index				

* 8. Do you know of any analytical technique that can be used to detect the presence of any of the reported additives in this fuel and/or measure their concentration therein?

No Yes If "Yes," attach separate sheet(s) providing the information.

* 9. Do you have any information developed by or for you concerning the mechanisms of action of any of the additives reported; reactions between the additives and the motor vehicle fuel; the identification and/or measurement of the emission products of the additives when used in the motor vehicle fuel; the effects of the additives on all emissions; the toxicity and any other public health or welfare effects of the emission products of the additives; and/or the effects of the emission products of the gasoline additives on the performance of emission control devices or systems?

No Yes If "Yes," attach separate sheet(s) providing summaries and a description of the test procedures used in obtaining the information.

* 10. To the nearest percent, estimated for the third year of production, enter the percent of sales by Petroleum Administration for Defense District (PADD) for the motor vehicle fuel. See instructions for the states in each PADD.

PADD1 _____ % PADD2 _____ % PADD3 _____ % PADD4 _____ % PADD5 _____ %

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

Yes No

12. Small Business Provisions - 40 CFR 79.58(d). (See instructions)

A manufacturer of a baseline or non baseline fuel 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 fuel 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:

13. Grouping Information - If you do not qualify for a small business provision, you must be a member of a testing group appropriate for your fuel or supply the appropriate health-effects test information. This fuel 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.

* 14. 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 of items 6 through 13?

* 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
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: Yes No

15. Attached Information - Are attachments included with this notification?

No Yes If "Yes," list below:

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

16. Certification

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

I am authorized by the manufacturer to submit this information.

As per 40 CRF 79.11(g), the U.S Environmental Protection Agency would be notified in writing if certain information in this notification were to change.

This fuel 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 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:

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Mail the completed form to:

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Washington, DC 20460

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<https://www.epa.gov/fuels-registration-reporting-and-compliance-help>

or, via courier:

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