Long-Term Retardant - Formulation Disclosure Sheet

Ref: FSM 5160

Information on this form may be protected by the Trade Secrets Act and/or Exemption 4 of the Freedom of Information Act

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product Name:** | | | | **Formulation Identification:** | | | | | | **Submitting Company:** | |
| **Date Submitted:** | **Submitted By:** | | | | | **Signature:** | | | | **Title of Submitter:** | |
| **Recommended Use Level** (enter amount and check applicable box)**:**      pounds of concentrate/gallon of water **OR**  gallons of concentrate/gallon of water | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Formulation Ingredients1 | | Proprietary?2  Yes/No | Manufacturer, Process, & Quality or Grade | | C.A.S. Number or Other Technical Identification3 | | | Percent by Weight in Wet or Dry Concentrate4 | Percent by Weight in Solution at Recommended Use-level4 | Patent or TM Number5 | Remarks |
|  | | | | | | | | | | | |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | |  |  | |  | | |  |  |  |  |
|  | | | | | | | | | | | |
| 1. Common chemical name or trade name. List all ingredients including water. 2. If proprietary, explain basis under remarks. 3. Chemical Abstract Services number or other accepted industry standard. | | | | | | | 1. Sum of all percents in column must total 100. 2. If one or more patents apply to the use of this ingredient or total formulation, please attach a copy of the patent(s). | | | | |

**BURDEN AND NONDISCRIMINATION STATEMENTS**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0596-0182**. This collection is mandatory per Federal Acquisition Regulation (FAR) Subpart 9.2 – Qualification Requirements. The time required to complete this information collection is estimated to average 0.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.