



**United States Environmental Protection Agency
Washington, DC 20460**

Section 4 Submission

This is an original submission:	This is an amendment:
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CERTIFICATION

I hereby certify to the best of my knowledge and belief that all information entered on this form is complete and accurate. I further certify that, pursuant to 15 U.S.C. § 2613(c), for all claims for protection for any confidential information made with this submission, all information submitted to substantiate such claims is true and correct, and that it is true and correct that the person submitting the claim has:

- (i) taken reasonable measures to protect the confidentiality of the information;
- (ii) determined that the information is not required to be disclosed or otherwise made available to the public under any other Federal law;
- (iii) a reasonable basis to conclude that disclosure of the information is likely to cause substantial harm to the competitive position of the person; and
- (iv) a reasonable basis to believe that the information is not readily discoverable through reverse engineering.

Any knowing and willful misrepresentation is subject to criminal penalty pursuant to 18 U.S.C. § 1001.

Signature: XXX	Official Title: XXX
Contact Person: XXX	Email Address: XXX
Date Signed: 06/06/2017	

PART 1	Contact Information	
Submission Information	Submission Type: TestRules	Form Alias: TestRules-20141106-09:00:50 EST
	Federal Register Notice: 76 FR 65385	Chemical Docket: EPA-HQ-OPPT-2009-0112
Submitter Information	Company Name: XXX	Address: XXX
	Contact Person: XXX	

	Phone Number: XXX	Email Address: XXX
Technical Contact Information	CBI Yes: No:	
	Company Name: XXX	Address: XXX
	Contact Person: XXX	
	Phone Number: XXX	Email Address: XXX
Submitting on Behalf of Consortium	Consortium Name: XXX	
	CBI Yes: No:	
	Company Name: XXX	Address: XXX
	Contact Person: XXX	
	Phone Number: XXX	Email Address: XXX
	CBI Yes: No:	
	Company Name: XXX	Address: XXX
	Contact Person: XXX	
	Phone Number: XXX	Email Address: XXX
	PART 2	Letter Of Intent
Chemical Identification	CASRN: XXX	CBI Yes: No:
	Chemical Name: XXX	
	Chemical Test Name: XXX	
Sponsoring Firms	CBI Yes: No:	

	Company Name: XXX	Address: XXX
	Phone Number: XXX	
Additional Information	Document Type: Amendment to the Study Plan 40 CFR 790.50	
	File Name: Test doc 1 - Copy (2).docx	Attachment Date: 11/17/2021
Additional Information	Document Type: XXX	
	File Name: XXX	Attachment Date: XXX
	Explanation and rationale for the modification: XXX	
Chemicals		
PART 3	Chemical - XXX : Study Plan	
Attached Document(s)	File Name: XXX	Attachment Date: XXX
	CBI Yes: No:	Sanitized Document Upload: XXX
	Effects: XXX	Endpoints: XXX
	File Name: XXX	Attachment Date: XXX
	CBI Yes: No:	Sanitized Document Upload: XXX
	Effects: XXX	Endpoints: XXX
Additional Information	Document Type: Amendment to the Study Plan 40 CFR 790.50	
	File Name: Test doc 1.docx	Attachment Date: 11/17/2021

PART 4 Attached Document(s)	Chemical - XXX - Test Results	
	File Name: XXX	Attachment Date: XXX
	CBI Yes: No:	Sanitized Document Upload: XXX
	Effects: XXX	Endpoints: XXX
PART 5 Attached Document(s)	Optional Substantiation	
	File Name: Test doc 1 - Copy (5).docx	Attachment Date: 11/17/2021
	Effects: Health Effects	Endpoints: Eye irritation
<p>Paperwork Reduction Act: This collection of information is approved by the United States Office of Management and Budget (OMB) under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0033). Responses to this collection of information are mandatory for certain persons, as specified at 15 U.S.C. 2601 et. seq. 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. The public reporting and recordkeeping burden for this collection of information is estimated to be 137 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.</p>		

Substantiation - Applicable to Any Claim	
(i) Will disclosure of the information claimed as confidential likely cause substantial harm to your business's competitive position? If you answered yes, describe the substantial harmful effects that would likely result to your competitive position if the information is disclosed, including but not limited to how a competitor could use such information, and the causal relationship between the disclosure and the harmful effects.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(ii) Has your business taken precautions to protect the confidentiality of the disclosed information? If yes, please explain and identify the specific measures, including but not limited to internal controls, that your business has taken to protect the information claimed as confidential. If the same or similar information was previously reported to EPA as non-confidential (such as in an earlier version of this submission), please explain the circumstances of that prior submission and reasons for believing the information is nonetheless still confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(ii) A. Is any of the information claimed as confidential required to be publicly disclosed under any other Federal law? If yes, please explain	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(iii) B. Does any of the information claimed as confidential otherwise appear in any public documents, including (but not limited to) safety data sheets; advertising or promotional material; professional or trade publications; state, local, or Federal agency files; or any other media or publications available to the general public? If yes, please explain why the information should be treated as confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(iii) C. Does any of the information claimed as confidential appear in one or more patents or patent applications? If yes, provide the associated patent number or patent application number (or numbers) and explain why the information should be treated as confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(iv) Is the claim of confidentiality intended to last less than 10 years (see TSCA section 14(e)(1)(B))? If yes, please indicate the number of years (between 1-10 years) or the specific date after which the claim is withdrawn.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(v). Has EPA, another federal agency, or court made any confidentiality determination regarding information associated with this chemical substance? If yes, please provide the circumstances associated with the prior determination, whether the information was found to be entitled to confidential treatment, the entity that made the decision, and the date of the determination.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
Substantiation - Chemical Identity Claim	
(i) Is this chemical substance publicly known (including by your competitors) to be in U.S. commerce? If yes, please explain why the specific chemical identity should still be afforded confidential status (e.g., the chemical substance is publicly known only as being distributed in commerce for research and development purposes, but no other information about the current commercial distribution of the chemical substance in the United States is publicly available). If no, please complete the certification statement: I certify that on the date referenced I searched the internet for the chemical substance identity (i.e., by both chemical substance name and CASRN). I did not find a reference to this chemical substance that would indicate that the chemical is being manufactured or imported by anyone for a commercial purpose in the United States. [provide date].	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(ii) Does this specific chemical substance leave the site of manufacture (including import) in any form, e.g., as a product, effluent, emission? If yes, please explain what measures have been taken to guard against the discovery of its identity.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	

(ii) If the chemical substance leaves the site in a form that is available to the public or your competitors, can the chemical identity be readily discovered by analysis of the substance (e.g., product, effluent, emission), in light of existing technologies and any costs, difficulties, or limitations associated with such technologies? Please explain why or why not.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Test	
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(iv) Would disclosure of the specific chemical identity release confidential process information? If yes, please explain.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Test	
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Part VII - Certification

I hereby certify to the best of my knowledge and belief that all information entered on this form is complete and accurate. I further certify that, pursuant to 15 U.S.C. § 2613(c), for all claims for protection of any confidential information made with this submission, all information submitted to substantiate such claims is true and correct, and that it is true and correct that I have:

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Signature of authorized official: William Brigman	Date: 2021-08-24
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