



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 Annual Report for Motor Vehicle Gasoline or Diesel Fuel

* Required field

* 1. Company Name:

* 1a. Company ID:

* 2. Street Address:

* 3. Fuel ID:

* City:

* Country:

* State:

* Zip:

* 4. Report Year:

Province:

* 5. Brand name of the motor vehicle fuel covered by this report:

6. Fuel properties, to the extent known:

	Percent by weight			Methods of Analysis
	Highest	Lowest	Average	Same as previously reported: ☐ Yes ☐ No if "No", identify below
(a) Aromatics (Diesel Only)				
(b) Olefins (Diesel Only)				
(c) Saturates (Diesel Only)				
(d) Polynuclear Organic Material				
(e) Sulfur (Diesel Only)				
(f) Trace Elements				
Gasoline:				
(g) Distillation: 10% Point (°C)				
(h) Distillation: End Point (°C)				
(i) Research Octane Number				
(j) Motor Octane Number				
Diesel Fuel:				
(k) Distillation: 90% Point (°C)				
(l) Distillation: End Point (°C)				
(m) Cetane Number or Index				

7. For any additive that you reported you may use, do you have any information, not previously reported, concerning the mechanisms of action of the additive; reactions between the additive and gasoline or diesel fuel; the identification and measurement of the emission products of the additive when used in gasoline or diesel fuel; the effects of the additive on all emissions; the toxicity and any other public health or welfare effects of the emission products of the additive; and/or, for gasoline only, the effects of the emission products of the additive on the performance of emission control devices/systems?

☐ No☐ Yes

If "Yes," attach separate sheet(s) providing summaries of such information and a description of the test procedures used in obtaining the information.

* 8. 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 and /or 7?

☐ No☐ Yes

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

Item 6: ☐ Yes ☐ No

Item 7: ☐ Yes ☐ No

9. Certification

To the best of my knowledge, the above is complete and correct.
I am authorized by the manufacturer to submit this information.

Signature:

* Date:

* Name of Signer:

First Name: _____ Last Name: _____ Title: _____

☐ Check if the Contact Person is the same as the signer above.

* Contact Person:

First Name: _____ Last Name: _____ Title: _____

* Telephone:

(____) _____

Extension: _____

Fax: _____

E-mail:

Comments:

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Mail the completed form to:

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

Program Support:

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or, via courier:

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