EPA Form 3520-12A (05-02-2018) - Fuel Manufacturer Annual Report for Motor Vehicle Fuel

U.S.I Offic	Form Approval OMB No. 2060-0150 Approval Expires 01/31/2020				
* Required field for Motor Ve	Leave Blank				
* 1. Company Name:	* 1a. Company ID:				
* 2. Street Address:		* 3. Fuel ID:			
* City: * Country:		* State:	* 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				hods of Analysis
	Highest	Lowest	Average	Same as prev	riously reported: lo 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)					
(I) 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	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	lf "Yes," ind	dicate "Yes" or "No" fo	or each ite	em below:			
	ltem 6:	Yes	No					
	ltem 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:	* Date:							
* Name of Signer: First Name: Last Na			Last N	lame:	Title:			
Check	Check if the Contact Person is the same as the signer above.							
* Contact Person: First Name: Last N			Last I	Name:	Title:			
* Telephon	e: ()		Extension:		Fax:			
E-mail:								
Comments:								
Mail the com	pleted form to:			or, via	a courier:			
U.S. Environmental Protection Agency William Jefferson Clinton Building Mail Code - 6405A 1200 Pennsylvania Avenue, NW Washington, DC 20460		U.S. En William Room 5 1200 P	U.S. Environmental Protection Agency William Jefferson Clinton Building - North Room 5512D; (202) 343-9038 1200 Pennsylvania Ave, NW Washington, DC 20004					
Program Support: Telephone (202) 343-9648 Fax (202) 343-2825 Email: caldwell.jim@epa.gov Email: solar.jose@epa.gov https://www.epa.gov/fuels-registration-reporting-and-compliance-help		This office is operated by a contractor, CSRA LLC, a General Dynamics Information Technology company, for the EPA.						