LONG TERM RETARDANT - FORMULATION DISCLOSURE SHEET

(Reference FSH 5160)

FS-5100-0037 (REV. 03/2025)
OMB 0596-0182
Exp. XX/XX/XXXX

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Product Name:	**Formulation Identification:**	**Submitting Company:**

Date Submitted: (MM/DD/YYYY)	**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 Ingredients[1]	Proprietary?[2] Yes/No	Manufacturer, Process, & Quality or Grade	C.A.S. Number or Other Technical Identification[3]	Percent by Weight in Wet or Dry Concentrate[4]	Percent by Weight in Solution at Recommended Use-level[4]	Patent or TM Number[5]	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.
4 Sum of all percents in this column must total 100.
5 If one or more patents apply to the use of this ingredient or total formulation, please attach a copy of the patent(s).

FOR REVIEW ONLY

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