

SAMPLE SURVEY FORM
COMPANY INFORMATION SECTION

Check here if Confidential Information ☒

All companies are requested to respond to this survey by completing and submitting questions 1-8 of the Company Information Section to the Air Resources Board. This is true even if your company is not the *responsible party* for any products listed in Attachment A.

Please complete and submit the entire Company Information Section if you are the *responsible party* for any product categories listed in Attachment A that were sold in California in calendar year 1995.

Please only report those products that have *consumer* and *institutional* (I&I) uses. Do not report products that are sold and used exclusively as *industrial products*, *agricultural use pesticides* or *pesticides* intended for use by professional pest control operators.

If you choose to complete and submit your Product Information Packet electronically, you must still complete and submit a hard copy of the Company Information Section to the ARB.

1. Company name:
(see p. 1.4) Splash Beauty Care Company

2. Division name(s):
(see p. 1.4) Beauty Soaps and Personal Products Div.

3. Contact person:
(see p. 1.4) Mr./Ms. Linda Smith

4. Address:
(see p. 1.4) 123 Alameda Way
Sacramento, CA 95833

5. Phone number: (916) 555-1233

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(see p. 1.4)

6. Fax number:
(see p. 1.4)

(916) 555-3321

7. E-mail address:
(if available)
(see p. 1.4)

lsmith@splash.beauty.soaps

8. Is your company the *responsible party* for any product categories listed in Attachment A that were sold in California in calendar year 1995 (see p. 1.4)?

1

- (0) No
(1) Yes

If you answered (0) No, please STOP here and submit this form to the ARB.

9. Are you forwarding a copy of this survey to another company for completion of the product formulation data requested in the Product Information Packet (see p. 1.4)?

0

- (0) No
(1) Yes

If you answered (1) Yes, please fill in the name and address of that company in the boxes provided.

Name:

Address:

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10. How many Product Information Packets are you reporting (see p. 1.5)?

1

11-15. Fill in each box with the appropriate number regarding the type of business this is (see p. 1.5 and Attachment D).

(0) No

(1) Yes

Type of Business	No (0)/Yes (1)
11. <i>Manufacturer/Marketer</i>	1
12. <i>Retailer</i>	0
13. <i>Distributor</i>	1
14. <i>Private Label Contract Packager</i>	0
15. <i>Custom Contract Packager</i>	0

16. Fill in the Standard Industrial Classification (SIC) codes applicable to your business for the consumer product categories listed in Attachment A. Please see the instructions for completing this survey for a list of applicable SIC codes. If none of these SIC codes apply, please fill in the company's primary SIC code(s) (see p. 1.5).

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17. Is your company *independently owned* (see p. 1.5 and Attachment D)?

1

- (0) No
(1) Yes

If you answered (1) Yes, please go on to question number 18. If you answered (0) No, please fill in the name and address of the *parent company* (see p. 1.5 and Attachment D).

Name:

Address:

18. What is your company's total number of current *employees* nationwide (including part-time and temporary employees) (see p. 1.6 and Attachment D)?

5

- (1) 1 to 10
(2) 11 to 100
(3) 101 to 250
(4) 251 to 500
(5) More than 500

19. What is your company's total number of current *contract employees* nationwide (see p. 1.6 and Attachment D)?

3

- (0) None
(1) 1 to 10
(2) 11 to 100
(3) 101 to 250
(4) 251 to 500
(5) More than 500

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20. What is your company's total number of current *employees* in California (including part-time and temporary employees) (see p. 1.6 and Attachment D)? 3

- (0) None
 - (1) 1 to 10
 - (2) 11 to 100
 - (3) 101 to 250
 - (4) 251 to 500
 - (5) More than 500
-

21. What is your company's total number of current *contract employees* in California (see p. 1.6 and Attachment D)? 2

- (0) None
 - (1) 1 to 10
 - (2) 11 to 100
 - (3) 101 to 250
 - (4) 251 to 500
 - (5) More than 500
-

22. What are your company's typical *gross annual receipts* (gross annual sales) from all business activities (see p. 1.6 and Attachment D)? 3

- (1) Less than \$250,000
 - (2) Between \$250,000 and \$1 million
 - (3) Between \$1 million and \$10 million
 - (4) Between \$10 million and \$100 million
 - (5) More than \$100 million
-

23. Certification. The contact person must sign the certification statement below (see p. 1.6 and Attachment D):

"I hereby certify that, to the best of my knowledge and belief, all information entered on the Company Information Section and Product Information Packets is complete and accurate."

Linda Smith

Name

Signature

Environmental Manager

March 30, 1996

Title

Date Signed

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Comments: _____

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