SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

Check here if Confidential Information

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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 <u>exclusively</u> 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.

une	AND.				
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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SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

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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) Ismith@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)?
 - (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) 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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SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

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- 10. How many Product Information Packets are you reporting (see p. 1.5)?
- 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.	Manufacturer/Marketer		1
12.	Retailer		0
13.	Distributor		1
14.	Private Label Contract Packager		0
15.	Custom Contract Packager		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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Company File Number	

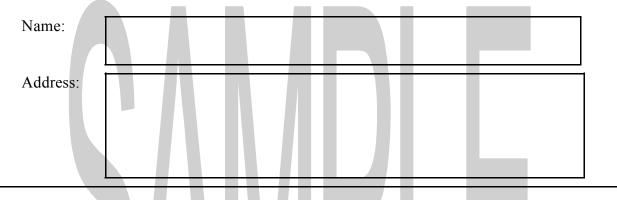
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SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

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



- 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 (10
- (2) 11 to 100(3) 101 to 250
- $\begin{array}{c} (3) & 101 \ \text{to} \ 250 \\ (4) & 251 \ \text{to} \ 500 \end{array}$
- (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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SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

	Check here if Confidential Information	on X
20.	What is your company's total number of current <i>employees</i> 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 <i>contract employees</i> in California (see p. 1.6 and Attachment D)? (0) None 	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 <i>gross annual receipts</i> (gross annual sales) from <u>all</u> business activities (see p. 1.6 and Attachment D)?	3
	 Less than \$250,000 Between \$250,000 and \$1 million Between \$1 million and \$10 million Between \$10 million and \$100 million More than \$100 million 	
22	Cartification. The contact noncen must sign the cortification statement holes (as	16

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."

Signature
March 30, 1996
Date Signed

Company File Number

SAMPLE SURVEY FORM COMPANY INFORMATION SECTION

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Comments:	

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