

## **Appendix F**

### **Reporting Forms**

# **Appendix F1**

## **Manufacturers Application**



## Application Form for the Sale and Certification of Manufacturers of Small Containers of Automotive Refrigerant in California

**Mail or E-mail  
Completed Application to:**

California Air Resources Board  
 Research Division  
 ATTN: Winston Potts - Application Review Coordinator  
 1001 I Street  
 Sacramento, CA 95812  
 Phone 916-323-2537

**Pre-Application Meeting:**  I request a pre-application meeting. Please complete the section below and return this form to the email or address shown above.

**Application:**  Please complete all sections of the form below and return this form to the email or address shown above.

**Company Information**

Date:

Company Name	<input style="width: 90%; height: 25px;" type="text"/>
Company Mailing Address	<input style="width: 90%; height: 25px;" type="text"/>
Company Web Site	<input style="width: 90%; height: 25px;" type="text"/>
Company Contact Person and Title	<input style="width: 90%; height: 25px;" type="text"/>
Phone No., FAX No., and E-mail	<input style="width: 90%; height: 25px;" type="text"/>
Preparer Name	<input style="width: 90%; height: 25px;" type="text"/>
Preparer Address	<input style="width: 90%; height: 25px;" type="text"/>
Prepare Phone and E-mail	<input style="width: 90%; height: 25px;" type="text"/>

## Instructions for Completion of This Applications:

An applicant must submit the following information in an application for certification:

1. Model number(s), size(s), and SKU(s) of the small containers of automotive refrigerant for which certification is requested. Please give this information in the space allotted below.
2. The applicant must supply test data that demonstrates the small cans of automotive refrigerant comply with each of the requirements specified in Section 2.1 of the Certification Procedures.
3. Engineering drawings of the small containers of automotive refrigerant that detail the dimensions specific to each component.
4. A sample of the small container of automotive refrigerant.
5. Test data from each of the test procedures specified in Section 2.1 of the Certification Procedures.
6. Any other test data that supports the requirements in section 3.4 of the Certification Procedures and that would assist in the determination of certification.
7. The language and documentation required by Sections 2.2 through 2.4 of the Certification Procedures.
8. Each manufacturer seeking an Executive Order for small containers of refrigerant must identify and register with ARB each facility that will be used to recover refrigerant from a small container. Registration includes providing location, contact information, a description of recovery equipment including operating parameters such as vacuum to be used and operational capacity, and description of any processing and ultimate fate of the recovered refrigerant. Any recovery facility must use best operating procedures to minimize leakage of refrigerant to the atmosphere.

Accept for part 1 above, all of the other sections must be prepared by the manufacturer and submitted with the application. The complete package can be sent by E-mail or conventional mail.

### Product Identification Information

Model Number	<input type="text"/>
Size of Can	<input type="text"/>
SKUs	<input type="text"/>
Model Number	<input type="text"/>
Size of Can	<input type="text"/>
SKUs	<input type="text"/>

# Certification

Company Name:

I,

, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge, professional expertise, and experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## **Appendix F2**

### **Application Recycler**

Submit by Email

Print Form



# Application Form for Registration of a Facility to Recover, Reclaim, or Recycle Refrigerant from a Small Container

**Mail or E-Mail Completed Application to:**

California Air Resources Board  
 Research Division  
 ATTN: Winston Potts - Application Review Coordinator  
 1001 I Street  
 Sacramento, CA 95812  
 Phone 916-323-2537

**Pre-Application Meeting:**  I request a pre-application meeting. Please complete the section below and return this form to the email or address shown above.

**Application:**  Please complete all sections of the form below and return this form to the email or address shown above.

**Company Information**

Date:

Company Name	<input style="width: 90%; height: 25px;" type="text"/>
Company Mailing Address	<input style="width: 90%; height: 25px;" type="text"/>
Company Web Site	<input style="width: 90%; height: 25px;" type="text"/>
Company Contact Person and Title	<input style="width: 90%; height: 25px;" type="text"/>
Phone No., FAX No., and E-mail	<input style="width: 90%; height: 25px;" type="text"/>
Preparer Name	<input style="width: 90%; height: 25px;" type="text"/>
Preparer Address	<input style="width: 90%; height: 25px;" type="text"/>
Prepare Phone and E-mail	<input style="width: 90%; height: 25px;" type="text"/>

# Instructions for Completion of This Applications:

## Information:

The following definitions have been added to this document to help the applicant in completing the form.

“**Recover**” means to remove refrigerant, in any condition, from a system without necessarily testing or processing it in any way.

“**Recycle**” means to clean refrigerant for reuse by oil separation and by single or multiple passes through moisture-absorption devices, such as replaceable core filter-driers that reduce moisture, acidity, and particulate matter.

“**Reclaim**” means to process refrigerant to a level equivalent to new product specifications in accordance with the ARI 700 Standard (“Specifications for Fluorocarbon Refrigerants”, Air-conditioning & Refrigeration Institute, Arlington, VA, 2006).

An applicant must submit the following information in an application for Registration

## Facility Information

### Part 1. Facility Contact Information

Facility Name	<input type="text"/>
Facility Location	<input type="text"/>
Facility Address	<input type="text"/>
Contact Person	<input type="text"/>
Contact Information	<input type="text"/>

### Part 2. Facility Description

a. Please describe all recovery equipment that will be used to recover, reclaim, recycle, or dispose of refrigerant. Include all operating parameters, such as vacuum to be used. Any facility must use best operating procedures to minimize leakage of refrigerant to the atmosphere.

b. Specify the operating capacity of the facility for all aspects of the recovery operation.

c. The ultimate fate of the refrigerant should be described for each specific operation of the facility.



# Certification

Company Name:

I,

, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge, professional expertise, and

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## **Appendix F3**

### **Small Containers of Automotive Refrigerant Reporting Forms**

Submit by Email

Print Form



## Reporting of Sales and Recycling of Small Containers of Automotive Refrigerant

**Mail or E-mail Completed Form to:**

California Air Resources Board  
Research Division  
ATTN: Winston Potts - Report Coordinator  
1001 I Street  
Sacramento, CA 95812  
Phone 916-323-2537

**Reporting Period**

October 1,  to September 30,   
Due: December 1,

### Instructions

**Retailers: Please fill in sections A, B1, B2, and G**

**Distributors: Please fill in Sections A, C, and G**

**Manufacturers: Please fill in Sections A, D, E, and G**

**Recyclers: Please fill in Sections A, E, F, and G**

**Note: Please print out extra pages if necessary!**

### Section A: Information and Identification of Retailer, Distributor, Manufacturer, Recycler, or Other

Please identify your type of facility

Retailer     Distributor     Manufacturer     Recycler     Other

Company Name

Mailing Address

Street Address

Contact Person

Contact Telephone









**Section E: Return Data for Manufacturers**

Manufacturer or Recycler Returns: Please Insert Monthly Can Amounts

Distributor	Retailer	SKU	1	2	3	4	5	6	7	8	9	10	11	12



## Section F: Recovery Data for Recyclers

Recycler Amounts Recovered, Recycled, Reclaimed, and Disposed: Please Insert Monthly Mass Amounts

Manufacturer	SKU	Operation Performed	1	2	3	4	5	6	7	8	9	10	11	12
		Recovered												
		Recycled												
		Reclaimed												
		Disposed												
		Totals												

**Section G: Authorization - THIS SECTION TO BE COMPLETED BY PERSON AUTHORIZED TO PREPARE REPORT.**

Certification:

I certify to the best of my knowledge that the submitted information is true, accurate, and complete

Print/ Type Name

Title

Date

\_\_\_\_\_  
Signature