

**CONSUMER PRODUCTS PROGRAM DATE-CODE REPORTING FORM**

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Date-Code filing deadline is **January 31<sup>st</sup>**.

**CONTACT INFORMATION**

Company Name:
Contact Name:
Address:
City, State, Zip Code:
Email Address:
Telephone Number:
Fax Number:

**DESCRIPTION OF DATE-CODING SYSTEM**

Please provide a description, explanation, and placement for each product and attach additional pages, if necessary.

Product Description:
Date-Code Explanation:
Placement on Container:

Product Description:
Date-Code Explanation:
Placement on Container:

Submit this form by email to:

[cpenforcement@arb.ca.gov](mailto:cpenforcement@arb.ca.gov)

Or submit by mail to:

California Air Resources Board  
Enforcement Division  
CONSUMER PRODUCTS  
ENFORCEMENT SECTION  
P.O. Box 2815  
Sacramento, CA 95812