

APPLICATION FOR INNOVATIVE PRODUCT EXEMPTION (IPE)

Note: Please refer to the attached instructions before completing this form.

PART I. APPLICANT INFORMATION:

1. Company Name:

2. Mailing Address:

City:

State:

Zip Code:

Country:

3. Contact Name and Title:

4. Contact Email Address:

5. Contact Telephone Number:

6. Contact Fax Number:

7. Company Website Address:

Part II. COVER LETTER:

Submit a signed letter on company letterhead requesting an IPE or a modification to an existing IPE.

Part III. APPLICATION REQUIREMENTS:

1. Is the request for a new IPE or an IPE modification to an existing Executive Order (EO)?

New IPE, proceed to #3

IPE Modification- Provide existing EO number: _____, go to #2

2. Does your request involve a request to add new IPE product(s), or changes to a previously approved IPE product(s)?

Add new IPE product, proceed to #3

Changes to a previously approved IPE product. Please specify changes (e.g. formulation, artwork, specification changes or deletion of a previously approved product, etc) below, and then proceed to #3:

3. List all products which will be included in the IPE. For changes or additions to an existing IPE, include changes or additions for IPE products listed in this modification only. Submit labels, specify date coding, and provide usage instructions for all products listed below:

	Product Name	SKU	Product Label Weight	Category	Dispensing Form (see key below)	Description
1						
2						
3						
4						
5						
6						
7						
8						

Dispensing Form Key

A = Aerosol Product

S = Solid

P = Pump Spray

L = Liquid

G = Gel

O = Other (Please provide brief description):

4. Complete the parameters table for the selected representative and innovative products.

Parameters	Representative Product*	Innovative Product
Product Category		
Dispensing Form		
VOC limit/content (%)		
Average dispensed amount/use		
Average VOCs/use		
Total number of uses		

* A representative product is defined in section 94511 (b)(1)-(3) of the Consumer & Commercial Products Regulation and in the 'Instructions' section of this application.

5. Submit a complete formulation for each product listed:

	Product Name	Fragrance or Color Name	Ingredient Name	Percent by Weight	Fill Weight Variation
1					
2					
3					
4					
5					
6					
7					
8					

6. For products containing fragrance, provide product and fragrance name, supplier and fragrance ID information for each product listed:

Product Name	Fragrance Name	Supplier	Fragrance ID

7. List product name, parameters tested, specifications (e.g. aerosol pressure, spray/application rate, meter valve size, metered-dose amount, discharge modes, etc.) and test methods used. Attach the appropriate schematic diagrams (e.g. metered-valve specifications, product diagrams, circuit assembly, etc.) and product/component photos.

Product Name	Parameters Tested	Specifications	Test Methods

Part IV. SUPPORTING DOCUMENTATION:

Please attach any additional supporting documentation that is relevant to your IPE request. Supporting documentation may include all or some of the following: consumer use and fragrance testing studies, labels, specification information, schematic diagrams, date-coding information, usage instructions; and product and component photos.

Part V. CERTIFICATION

I certify that all reductions in the VOC Content of a product will be real, actual reductions that do not result from changing product names, mischaracterizing IPE product reformulations that have occurred in the past, or any other attempts to circumvent the provisions of the IPE regulation.

I certify that with approval of IPE product(s), I will notify ARB in writing within 30 days of any change in the product formulation or recommended product usage instructions, or any other information which would alter the emissions estimates submitted to the Executive Officer in support of the emissions estimates submitted to the Executive Officer in support of the exemption application.

All information and operational plans submitted with this IPE application are true and correct to the best of my knowledge.

Name:

Date:

Title:

INSTRUCTIONS APPLICATION FOR IPE

This application form is for companies wishing to submit an application for an Innovative Product Exemption (IPE). The application form must be filled out completely and the required documentation must be attached. The form and all supporting documentation should be scanned and emailed to joe.calavita@arb.ca.gov or mailed to Joe Calavita, Manager, Implementation Section, California Air Resources Board, Air Quality Planning & Science Division, 1001 I Street, Sacramento, California 95814.

If you have questions regarding the completion of this form, please contact teresa.edwards@arb.ca.gov for assistance. You can download this form from the ARB website at: <http://www.arb.ca.gov/consprod/consprod.htm>

Timeframe for Processing IPE Request

The requirements for IPEs can be found in section 94511 the Regulation for Reducing Emissions from Consumer Products, title 17, California Code of Regulations of the Consumer Products Regulations (sections 94500-94555) and the Antiperspirants and Deodorants Regulation, title 17, California Code of Regulations (sections 94500-94506.5).

Once an application is complete, ARB staff will have 30 days to determine its completeness, pursuant to section 94511(d) of the Regulation. Then, ARB staff will have 90 days to request and determine if an IPE should be issued (section 94511(e)).

CONFIDENTIAL INFORMATION

In accordance with Title 17, California Code of Regulations (CCR), sections 91000 to 91022, and the California Public Records Act (Government Code Section 6250 et seq.), State law protects the confidentiality of trade secrets. The full citations of these sections are provided at: <https://govt.westlaw.com/calstatelists> and <http://www.leginfo.ca.gov/calaw.html>.

PART I. APPLICANT INFORMATION

1. **Company Name:** Provide your organization's name as it is to be listed on the Executive Order.
2. **Mailing Address:** Provide the address, city, state, zip code and country where potential approval documents will be mailed to.
3. **Contact Name and Title:** Provide your name and title or your authorized contact. Your authorized contact is the person you authorize to represent your organization.
4. **Contact Email Address:** Provide the contact's email address.
5. **Contact Telephone Number:** Provide the contact's day-time phone number.
6. **Contact Fax Number:** Provide the contact's fax number.
7. **Business Website Address:** Provide your company's website address.

PART II. COVER LETTER

Submit a signed letter on company letterhead requesting an IPE or modification to an existing IPE. If necessary, provide additional information or clarification not covered by this form.

PART III. APPLICATION REQUIREMENTS (as stated in *section 94511 of the Consumer Products Regulation. Innovative Products*) (Note: Hit the tab button in bottom right cell to add multiple products)

Instructions:

1. **New IPE or IPE Modification-** Check the appropriate box. If the request is for a modification to an existing EO, provide the EO number.
2. **New IPE Product or an IPE modification to an existing EO-** Indicate if your request is for approval of a new IPE product or to make changes to a previously approved IPE.
3. **Products to include in the IPE –** List products that you wish to include in your IPE. If this is a modification, only add new products that you wish to include. Below is a description for each column in the table:
 - a. **Product Name:** In the column asking for the product name, please list the complete name for each product.
 - b. **SKU:** In the SKU column, list the stock keeping unit number for each product.
 - c. **Product Label Weight:** For the product label weight, list the weight listed on the label for each product.
 - d. **Category:** In the category column, state the product category for each product. To determine what product category your product should be placed in, refer to the Consumer Products Regulation at: <http://www.arb.ca.gov/consprod/regs/regs.htm>.
 - e. **Dispensing:** In the dispensing form column, list each product's dispensing form, using the dispensing form key below.
 - f. **Description:** In the description column, briefly describe the product and what it is used for.

If the IPE will contain 10 or more products, please note that in your application and provide the additional products in a separate document. Also, please include labels and usage instructions for all products listed. Also specify where date coding information is located on the product label, and which date on the label is to be considered the enforceable date (e.g. the date that ARB Enforcement will use to verify IPE compliance). If products are the same formulation, but only differ in scent, color, etc.; a representative label and usage instructions may be sent for the group.

- 4. Representative Product-** Generally, a representative product will have the same VOC limit, be the same product form (unless the innovative product uses a new form which does not exist in a product category at the time of the application submittal date) and have at least similar efficacy as other consumer products in the same product category. The determination of a representative product must be based upon tests that are generally accepted for that product category by the consumer products industry. For more information, please refer to section 94511 (b)(1)-(3).

A product can be exempted from VOC limits specified in section 94509(a) provided that some characteristic of the product formulation, design, delivery systems or other factors, results in less VOC emissions as compared to VOC emissions from a representative consumer product which complies with section 94509(a).

This table is intended to provide a comparison between the representative product and the innovative product. Identify a representative product to compare your innovative product to, and complete the table. In the column asking for representative product information, please provide information for the parameters listed. State the category for each product, referring to the Consumer Products Regulation. Select a dispensing form for each product, using the dispensing form key from Question 3 of this section. In the VOC limit/content section, provide the regulatory limit for the complying representative product, and the actual VOC content of the innovative product.

- 5. Product Information-** This table provides product formulation information. Provide complete product name, specific color or fragrance name for each product (if applicable), ingredients that each product is comprised of, weight percentage of each ingredient in the product, totaling 100 percent, and fill weight variation. The full weight variation would be the range in which a product container is filled. For example, the actual weight listed on the label could be 16 oz., but the fill weight range may be 15.7 oz.-16.4 oz.
- 6. Product Supplier Information –** This information will help to identify products in the IPE. If your product has a fragrance, or comes in many different fragrances please provide fragrance name for each product. Also, provide the fragrance supplier and fragrance ID code provided by the supplier.
- 7. Product Parameters and Specifications-** This detailed information will help to accurately describe the IPE product. List specific product parameters and specifications tested (e.g. aerosol pressure, spray/application rate, meter valve size, metered-dose amount, discharge modes, etc.) and attach the appropriate schematic diagrams (e.g. metered-valve specifications, product diagrams, circuit assembly, etc.) and product/component photos.

PART IV. Supporting Documentation

- 1. Supporting Documentation-** Please attach all supporting documentation pertinent to this application. Supporting documentation may include all or some of the following: consumer use and fragrance testing studies, labels, specification information, schematic diagrams, date-coding information, usage instructions; and product and component photos.

PART V. Certification

Certification- By signing and dating this section of the IPE application, you are certifying that all reductions in the VOC Content of a product will be real, actual reductions that do not result from changing product names, mischaracterizing IPE product reformulations that have occurred in the past, or any other attempts to circumvent the provisions of the IPE regulation. If you agree to this statement, please sign and date the application.

For additional information refer to the following links:

Innovative Products Regulation and definitions can be found at:

<http://www.arb.ca.gov/consprod/regs/regs.htm>

Innovative Product Exemption Application Guidance Document can be found at:

<http://www.arb.ca.gov/consprod/regact/ipe/ipe.htm>

If you require a special accommodation or need this information in an alternate format or language, please contact candace.clawson@arb.ca.gov or call 916-322-6021 as soon as possible. TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.