

NOTIFICATION/APPLICATION TO MODIFY AND/OR AMEND AN EXISTING ALTERNATIVE CONTROL PLAN, TITLE 17, CCR SECTION 94540-94555

This form is for companies wishing to submit an application to add a product or to notify the California Air Resources Board (CARB) of a change to an existing product in an Alternative Control Plan (ACP). In order to ensure the evaluation process proceeds efficiently, please completely fill out the application form and attach the required documentation. The form and all supporting documentation should be scanned and emailed to csmrprod@arb.ca.gov or mailed to the Consumer Products Implementation Section, Air Quality Planning & Science Division, California Air Resources Board, 1001 I Street, Sacramento, California 95814.

If you have questions regarding the completion of this form, please email csmrprod@arb.ca.gov or your assigned ACP staff liaison for assistance. You can download this form from the ARB website at: <https://ww2.arb.ca.gov/our-work/programs/consumer-products-program/alternative-control-plan>

INSTRUCTIONS

PART I. APPLICANT INFORMATION

Provide the following information:

1. **Company Name:** Provide your organization's name as it is 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. **Business Website Address:** Provide your company's website address.
 7. **Current ACP information:** Provide the EO number and approval date for the existing ACP.
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PART II. COVER LETTER

Submit a signed letter on company letterhead requesting an ACP modification to an existing ACP. If necessary, provide additional information or clarification not covered by this form. A single cover letter may be used to add or modify multiple products.

PART III. PROPOSED NEW ACP PRODUCT(S). For notification of a change to an existing ACP product please proceed to PART IV.

Instructions:

List products that you wish to include in your ACP amendment. In the "Product Name" column, please list the complete name as shown on the front panel of the product label. Fill in the identified columns to correspond with each appropriate product. For the column labeled "Regulatory Category" refer to our Consumer Products Regulations: <http://www.arb.ca.gov/consprod/regs/regs.htm>. To fill in the proper

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category for the dispensing form, please refer to the dispensing form key. For “Previous California Sales,” indicate whether the product has been sold or available in California for the last four years. If so, or if you are uncertain whether a similar or rebranded product should be considered “new,” provide a description of the existing or similar product in this application’s cover letter or another attachment. If more room is needed, please note that in your application and provide the additional products in the provided Excel spreadsheet. Alternatively, if you are updating a previously approved CARB Table I, please attach Table I to this application.

As specified in section 94547(b)(10), in order to generate surplus reductions, a product with a VOC Standard under section 94509(a) that falls within the ranges in Table 94547(b)(10) ‘Column A’ may not exceed the corresponding percent of that standard identified in Table 94547(b)(10) ‘Column B’.

Table 94547(b)(10)

Column A	Column B
20% < VOC Standard < 100%	97%
1% < VOC Standard < 20%	95%
VOC Standard < 1%	90%

PART IV. CHANGES TO AN EXISTING ACP PRODUCT. Changes to existing ACP products include, but are not limited to, new fragrance or flavor variants, product sizes, multi-packs, UPCs or SKUs, or labels. If none, proceed to next section.

In the ‘Product Name’ column, please list the complete name as shown on the front panel of the product label for each product. Fill in the identified columns to correspond with each appropriate product. For the column labeled ‘category’, refer to our Consumer Products regulations:

<http://www.arb.ca.gov/consprod/regs/regs.htm>. For the dispensing form, please refer to the dispensing form key. If more room is needed, please note that in your modification and provide the additional products in the provided excel spreadsheet.

PART V. Certification

Certification- By signing and dating this section of the ACP application, you are agreeing to a date-code commitment, and 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 ACP product reformulations that have occurred in the past, or any other attempts to circumvent the provisions of the ACP regulation. If you agree to these statements, please sign and date the application.

PART VI. Attachments

Documents: Attach all documents pertinent to this application.

1. Electronic copy of label for each product identified in Tables I and II.
2. Formulations (use attached spreadsheet). Please provide full product formulation for each proposed new or modified ACP product. Total ingredients weight percent should equal 100 percent. Indicate which ingredients are VOC or LVP/VOC with an X next to the ingredient in the specified column. VOC and LVP/VOC content are defined in section 94542(a) of the Consumer

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Products Regulation. VOC content can be calculated by using the equation listed in section 94542(a)(29) of the Consumer Products Regulation.

CONFIDENTIAL INFORMATION

Information regarding confidential information is found in Title 17, California Code of Regulations (CCR), sections 91000 to 91022, and the California Public Records Act (Government Code Sections 6250 et seq.).

For additional information refer to the following links:

Alternative Control Plan Regulation and definitions can be found at:

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

All regulatory category definitions are located in Article 2.

If you require a special accommodation or need this information in an alternate format or language, please email csmrprod@arb.ca.gov as soon as possible. TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.

PART I. APPLICANT INFORMATION:**General Contact 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. Company Website Address:

7. ACP EO number:

Approval Date:

Part II. COVER LETTER:

Submit a signed letter on company letterhead requesting a modification to an existing ACP. A single cover letter may be used to add or modify multiple products.

Part III. PROPOSED NEW ACP PRODUCT(S):

List all products proposed to be added to the ACP. If more room is needed use the attached excel spreadsheet (paper clip icon in the upper right). Alternatively, if you are updating a previously approved CARB Table I, please attach Table I to this application.

TABLE I: Proposed New ACP Product Information

	Product Name	SKU or UPC	Product Label Weight	Actual Product Fill (if different from label weight)	Regulatory Category	Dispensing Form (use key below)	Dilution (if applicable)	Projected date of first California sale	Previous California Sales (Yes/No)
1									
2									
3									
4									
5									

The product dispensing form should be one of the following:

A = Aerosol Product

S = Solid

P = Pump Spray

L = Liquid

G = Gel

O = Other (Please provide brief description):

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Part IV. CHANGES TO AN EXISTING ACP PRODUCT:

List all products which will be modified in the existing ACP. If more room is needed use the attached excel spreadsheet (paper clip icon in the upper right):

Table II
Proposed modification to existing ACP product

	CARB ID	Existing Product Name	Regulatory Category	Product Label Weight	Actual Product Fill (if different from label weight)	Dispensing Form (use key above)	Projected date of first California sale	Proposed Modification
1								
2								
3								
4								

Part V. CERTIFICATION

I certify that, as a representative of, _____, I accept obligation, as the Responsible Party, to date-code every unit of each ACP product approved for inclusion in the ACP. The commitment shall require the responsible ACP party to display the date-code on each ACP product container or package no later than five (5) working days after the date an Executive Order approving an ACP is signed by the Executive Officer.

Name:

Date:

Title:

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 ACP product reformulations that have occurred in the past, or any other attempts to circumvent the provisions of the ACP regulation.

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

Name:

Date:

Title:

Part VI. ATTACHMENTS

1. Attach all documents pertinent to this application. For a listing of specific documents, refer to *ACP Application Instructions, Part VI. Attachments*, at the end of this application.