**Product Specification Form**

**Company Name:**

To decide on the eligibility of your product we need following information:

|  |  |  |
| --- | --- | --- |
| 1. | Manufacturer Name |  |
| 2. | Manufacturer Address |  |
| 3. | Does the manufacturer have an EPA Company Number (If yes, please provide the No.)? |  |
| 4. | Has the manufacturer registered an establishment with EPA? (If yes, please provide the establishment no.) |  |
| 5. | Product Type:  (disinfectant/sanitizer) |  |
| 6. | Product Name: |  |
| 7. | Product Formulation:  (chemical formula of raw material used, with percent concentration, CAS numbers, and description of the function of each ingredient) |  |
| 8. | Is the active ingredient source an EPA registered source? (If yes, please provide the EPA registration No.) |  |
| 9. | Product type |  |
| 10. | Function/intended use of product |  |
| 11. | Intended claims |  |

If available, please provide SDS(s), label, and instructions for use.