**Product Specification Form**

**Company Name:**

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

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| 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.