# TOXICS RELEASE INVENTORY
## FORM A

**WHERE TO SEND COMPLETED FORMS:**
1. TRI Data Processing Center  
   P. O. Box 1513  
   Lanham, MD 20703-1513  
2. APPROPRIATE STATE OFFICE  
   (See instruction in Appendix E)  

**ATTN:** TOXIC CHEMICAL RELEASE INVENTORY

**TRI Facility ID Number**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.

<table>
<thead>
<tr>
<th>Revision (enter up to two code(s))</th>
<th>Withdrawal (enter up to two code(s))</th>
</tr>
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**IMPORTANT:** See instructions to determine when “Not Applicable (NA)” boxes should be checked.

## PART 1. FACILITY IDENTIFICATION INFORMATION

### SECTION 1. REPORTING YEAR

### SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?  
   - Yes (Answer question 2.2; Attach substantiation forms)  
   - No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy  
   - Sanitized  
   - Unsanitized  
   (Answer only if “YES” in 2.1)

### SECTION 3. CERTIFICATION  
(Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

**Name and official title of owner/operator or senior management official:**

**Signature:**

**Date Signed:**

### SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number

**Facility or Establishment Name**

**Facility or Establishment Name or Mailing Address (If different from street address)**

**Street**

**Mailing Address**

**City/County/State/Zip Code**

**Country (Non-US)**

4.2 This report contains information for  
   (Important: Check c or d if applicable)
   - a.  
   - b.  
   - c. A Federal facility  
   - d. GOCO  
   - e.  
   - f.

4.3 Technical Contact Name

**Telephone Number (include area code)**

4.4 Public Contact Name

**Telephone Number (include area code)**

4.5 NAICS Code(s)  
   (6 digits)
   - a.  
   - b.  
   - c.  
   - d.  
   - e.  
   - f.

4.7 Dun & Bradstreet Number(s)  
   (9 digits)
   - a  
   - b.

### SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company  
   - NA

5.2 Parent Company’s Dun & Bradstreet Number  
   - NA

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Please do not copy double-sided!
**SECTION 1. TOXIC CHEMICAL IDENTITY**

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**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above)

| Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) |

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*See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)*

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