

 United States Environmental Protection Agency	FORM R	TRI Facility ID Number
	Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act	Toxic Chemical, Category or Generic Name

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision
		For EPA use only

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?	2.2	Is this copy	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)			<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	(Answer only if "YES" in 2.1)

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

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

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	City/State/Zip Code	Country (Non-US)

4.2	This report contains information for: (Important: Check a or b; check c or d if applicable)	a. <input type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3	Technical Contact Name	Telephone Number (include area code)
	Email Address	

4.4	Public Contact Name	Telephone Number (include area code)
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4.5	SIC Code (s) (4 digits)	Primary	a.	b.	c.	d.	e.	f.
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4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
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4.7	Dun & Bradstreet Number (s) (9 digits)	4.8	EPA Identification Number (RCRA ID No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
	a.		a.		a.		a.
	b.		b.		b.		b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>