

## **Green Label Plus Adhesive Product Category Registration**

GLP Coordinator Name*:							Date	Submitted*:		
Company Name of Partic	pant*:									
List certificate on CRI's w	* Yes		No							
List certificate off Civi's w	165		110							
Product Information (Use one form per tested product category)										
Suggested GLP Category*:										
Check the statement below that applies to products included in the product category*:										
Products are expected to exhibit nearly identical emissions testing performance.										
Products are not expected to exhibit nearly identical emissions testing performance.  (If this statement is checked, identify worst case scenario product for testing below.)										
Worst Case Scenario Product: (Provide only if applicable)										
Product Type*: One	Part	Tw	o Part		-	Гаре				
Application (Spread) Rate*:										
Trowel Size:										
Description of Product( (Private labels need to be form.)										

Document Name: Green Label Plus Adhesive Product Category Registration Issue: **6** 

Supersedes: Green Label Plus Adhesive Product Registration Form (5.03)

Approved By: PP&S
Date: May 15, 2025

Page **1** of **2** 

Provide manufacturing facility information for this product category. List all manufacturing locations for final processing. Samples will be collected at each of these locations.

## Notes:

1. If you identified a "Worst-case scenario," only list the final processing locations for the product identified.

Product Manufacturing Facility Information*	Facility Point of Contact for Sample Collection*						
Location ID/Name*:	Full Name*:						
Address:*	Address:*						
Phone Number*:	Phone Number*:						
	Email Address*:						
Product Manufacturing Facility Information	Facility Point of Contact for Sample Collection						
Location ID/Name:	Full Name:						
Address:	Address:						
Phone Number:	Phone Number:						
	Email Address:						
Product Manufacturing Facility Information	Facility Point of Contact for Sample Collection						
Location ID/Name:	Full Name:						
Address:	Address:						
Phone Number:	Phone Number:						
	Email Address:						
Product Manufacturing Facility Information	Facility Point of Contact for Sample Collection						
Location ID/Name:	Full Name:						
Address:	Address:						
	_						
Dhana Niverbare	Discuss News how						
Phone Number:	Phone Number:						
	Email Address:						
Product Manufacturing Facility Information	Facility Point of Contact for Sample Collection						
Location ID/Name:	Full Name:						
Address:	Address:						
Phone Number:	Phone Number:						
	Email Address:						

\* REQUIRED

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