

COMPANY INFORMATION FORM  
CALIFORNIA AIR RESOURCES BOARD  
TECHNICAL ASSESSMENT FOR AUTOMOTIVE MAINTENANCE  
AND REPAIR (AMR) PRODUCTS

Please fill out the requested information about your company. Provide us with the complete company name and mailing address. Identify a contact person, specify this person's title, and provide his or her phone and fax number, and email address. This sheet needs to be completed only once for each company and should be attached to the product information forms upon submittal.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Confidential Information?: \_\_\_ (yes) \_\_\_ (no)

For ARB Use Only	
Date Received:	Log #: