



Green Label Plus Adhesive Product Category Registration

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|--------------------------------------|------------------------------|-----------------------------|--|
| GLP Coordinator Name*: | | Date Submitted*: | |
| Company Name of Participant*: | | | |
| List certificate on CRI's website? * | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

| | | | |
|---|---|-----------------------------------|-------------------------------|
| 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*: | | | |
| <input type="checkbox"/> | Products are expected to exhibit nearly identical emissions testing performance. | | |
| <input type="checkbox"/> | 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 <input type="checkbox"/> | Two Part <input type="checkbox"/> | Tape <input type="checkbox"/> |
| Application (Spread) Rate*: | | | |
| Trowel Size: | | | |

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| <p>Description of Product(s) or Styles to be displayed on the CRI website and certificate. (OPTIONAL) (Private labels need to be registered using the Green Label Plus Private Label Product Category Registration form.)</p> |
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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: | |
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| | | | |
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| | | Email Address: | |

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| | | Email Address: | |

* REQUIRED