



<b>CPPU USE ONLY</b>	
App #:	_____
Doc #:	_____
Check #:	_____
Program: <b>Toxics in Products</b>	

## PFAS Reporting Form for Manufacturers

Perfluoroalkyl and polyfluoroalkyl substances (PFAS)

Manufacturers who have selected products with intentionally added PFAS must provide notification to DEEP by completing and submitting this form to the Department of Energy and Environmental Protection in accordance with [CGS section 22a-903](#). Print or type unless otherwise noted. You must submit the registration fee along with this completed form.

If any information submitted to DEEP to maintain compliance with Connecticut General Statutes 22a-903c contains trade secrets or confidential information, as defined by Connecticut General Statutes section 1-210(b)(5), a person may request that such information be treated as confidential. The request should accompany the submission and: (1) identify which information is a trade secret or confidential commercial or financial information, and (2) include a statement explaining the basis for treating the information as a trade secret or confidential commercial or financial information under Connecticut General Statutes section 1-210(b)(5). Relevant portions of the submission should be clearly marked "confidential." Connecticut General Statutes section 1-210(b)(5) exempts from disclosure under the Connecticut Freedom of Information Act:

- (A) Trade secrets, which for purposes of the Freedom of Information Act, are defined as information, including formulas, patterns, compilations, programs, devices, methods, techniques, processes, drawings, cost data, customer lists, film or television scripts or detailed production budgets that (i) derive independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from their disclosure or use, and (ii) are the subject of efforts that are reasonable under the circumstances to maintain secrecy; and
- (B) Commercial or financial information given in confidence, not required by statute.

### Part I: Manufacturer Information

*If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's [Business Records Search](#) website.*

Check one: <input type="checkbox"/> New notification <input type="checkbox"/> Modification			
<b>Manufacturer Name:</b>			
<b>Brand Name:</b>			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			

## Part I: Manufacturer Information (Continued)

### Primary contact for departmental correspondence and inquiries, if different than above.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject notification. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

### Business entity information

- i) check type:  corporation     limited liability company     limited partnership  
 limited liability partnership     statutory trust     Other: \_\_\_\_\_
- ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at the Secretary of State's [Business Records Search](#) website.
- iii)  Check here if your business is **NOT** registered with the Secretary of State's office.

## Part II: Fee Information

A registration fee of eight hundred dollars (\$800) [#2579] shall be submitted with this registration for the manufacturer listed above on this application. The registration will not be processed without the fee.

The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or through the E-Payment portal.

Check here if paying online through the E-Payment portal; *after the registration is received and entered, pay instructions will be emailed to the Primary/Billing Contact listed.*

### Part III: Product Information

Select all product categories that are manufactured with intentionally added PFAS. List the amount (in g) of each PFAS or PFAS subgroup present in the product category, and the range by percent weight in the product category. If the range by percent weight is for a component within a product or product category (i.e. non-stick coating), identify the component. If no analytical method exists to determine the amount or range by per cent weight of PFAS in the product category, provide the amount of total fluorine present in the product category. **Please attach additional pages if necessary.**

	Product Category	Amount (g) of each PFAS or subgroups	Range by percent weight in product category	Specify Component, if applicable	Total Fluorine (ppm), if applicable <sup>1</sup>
<input type="checkbox"/>	Apparel				
<input type="checkbox"/>	Carpet or Rug				
<input type="checkbox"/>	Cleaning Product				
<input type="checkbox"/>	Cookware				
<input type="checkbox"/>	Cosmetic Product				
<input type="checkbox"/>	Dental Floss				
<input type="checkbox"/>	Fabric Treatment				
<input type="checkbox"/>	Children's Product				
<input type="checkbox"/>	Menstruation Product				
<input type="checkbox"/>	Textile Furnishing				
<input type="checkbox"/>	Ski Wax				
<input type="checkbox"/>	Upholstered Furniture				

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1. If no analytical method exists to determine the amount or range by per cent weight of PFAS in the product category, provide the amount of total fluorine present in the product category.

### Part IV: Product Description

Provide the name of each product or product category or type<sup>2</sup> in each category selected above, followed by a brief description of the product(s) and the function or purpose of PFAS in each product (e.g., non-stick, grease or water resistance). Locate all relevant CAS Registry Numbers [CAS REGISTRY | CAS](#) website. If no such number is applicable, indicate the molecular formulas and weights for all PFAS intentionally added to the product. Select tab in the last row to add more rows if necessary. **Please attach additional pages if necessary.**

Product (or Product Type/ Category) Name <sup>2</sup>	Brief description of product	Function or purpose of PFAS in the product	CAS#(s); or Molecular Formulas and Weights

<sup>2</sup> Manufacturers may supply the information required in this subsection for a category or type of product that contains intentionally added PFAS rather than for each individual product.

## Part V: Manufacturer Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided **and are the proper signatory authority** (For an individual(s) or sole proprietorship: by the individual(s) or proprietor, respectively; For a corporation: by a principal executive officer of at least the level of vice president, or his agent; For a limited liability company (LLC): by a manager, if management of the LLC is vested in a manager(s) in accordance with the company's "Articles of Organization", or by a member of the LLC if no authority is vested in a manager(s); For a partnership: by a general partner. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this reporting form is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.

**Signature of Registrant** \_\_\_\_\_ **Date:**

**Name of Registrant (print or type)**

**Title (if applicable):**

**Signature of Preparer** \_\_\_\_\_ **Date:**

**Name of Preparer (print or type)**

**Title (if applicable):**

- Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: If paying online (see Part II) please submit this completed form to [DEEP.CentralPermits@ct.gov](mailto:DEEP.CentralPermits@ct.gov) and copy [DEEP.PFASInProduct@ct.gov](mailto:DEEP.PFASInProduct@ct.gov). If submitting a hard copy and paying by check please submit to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

and submit an electronic copy directly to the program at [DEEP.PFASInProduct@ct.gov](mailto:DEEP.PFASInProduct@ct.gov).

### Affirmative Action, Equal Employment Opportunity and Americans with Disabilities

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act. Please contact the DEEP Office of Diversity and Equity at (860) 418-5910 or by email @ [deep.accommodations@ct.gov](mailto:deep.accommodations@ct.gov) if you are requesting a communication aid or service, have limited proficiency in English, need some other type of accommodation, or if you wish to file an ADA or Title VI discrimination complaint. In order to facilitate efforts to provide an accommodation, please request all accommodations as soon as possible following notice of any agency hearing, meeting, program or event.