

# Application for Composite Wood Product Manufacturers: Approval for Designation as a No-Added Formaldehyde (NAF), Ultra-low-Emitting Formaldehyde (ULEF) or Reduce QC Testing Product Manufacturer

Mail Completed Applications to:	<b>PT. Mutuagung Lestari (Mutu Certification International)</b> Attn: Wood-Based Product Certification Directorate Jl. Raya Bogor Km. 33,5 No. 19, Cimanggis, Depok, 16953, Indonesia
Email Completed Applications to:	inspector@mutucertification.com
Application Date:	
Company Name:	
Type of Application:	<ul> <li>No Added Formaldehyde (NAF)</li> <li>Ultra-low-emitting Formaldehyde (ULEF)</li> <li>Reduce QC testing</li> </ul>
Composite Wood Product(s):	<ul> <li>Hardwood Plywood – Veneer Core</li> <li>Hardwood Plywood – Composite Core</li> <li>Medium Density Fiberboard (Thickness &gt; 8 mm)</li> <li>Thin Medium Density Fiberboard (Thickness <u>&lt; 8 mm</u>)</li> <li>Particleboard</li> </ul>
Confidential Business Information:	Please check this box if the application contains proprietary information that is confidential.
Application Type:	<ul> <li>New Application – Please complete the entire application.</li> <li>Amendment – Please complete all sections affected by the proposed modification(s) to the resin system or production parameter(s) for your product.</li> <li>Renewal – Please complete this page and submit the required compliance test data for your NAF or ULEF product(s).</li> </ul>
Have You Provided:	<ul> <li>Small-scale test data in electronic form (i.e., Excel file on CD or email)</li> <li>Copies of your compliance test data from your Third Party Certifier</li> <li>The trade name of your product(s)</li> <li>Core material suppliers for NAF Hardwood Plywood – Composite Core and Hardwood Plywood – Veneer Core</li> <li>Production parameters information in the specified units</li> </ul>



Company name:
Name (please print):
Signature:
Title:
Telephone :
Email:
Company Address:



	Company Information
Company Name:	
Mailing Address (City, State, Country, etc.):	
Company Web Site Address:	
Contact Person and Title:	
Contact's Phone No.:	
Contact's Fax No.:	
Contact's Email Address:	

## Application to use NAF, ULEF Resins or Reduce QC test: Composite Wood Product Manufacturer information

## 1. Action Requested and Background

a) This application is for:

□ NAF based exemption (NAF) – see note below

ULEF – reduced testing (ULEF-reduced)

ULEF – exempt status (ULEF-exempt)

Reduce QC testing (for particleboard and MDF product)

Amendment (see Attachment B)

Renewal (see Attachment C)

Describe the product(s) to be made (e.g., particleboard made with a phenol formaldehyde resin; trade name LoFoPB, thickness range 0.5 to 1 inch (or the invoice number for your NAF or ULEF product)):

Is the product made only for use by the applicant?

	Yes
--	-----

ΠNo

<u>Note</u>: For manufacturers of NAF hardwood plywood – composite core and hardwood plywood – veneer core, please include a list of your core suppliers as part of Attachment A. For a product to be designated as NAF, the core material must be supplied by a CARB&EPA approved NAF manufacturer.



b) If applying for a NAF exemption, does your facility currently use formaldehyde containing resins for any composite wood products?

Yes	No
-----	----

- c) If yes, please list the composite wood products (e.g., hardwood plywood, particleboard, or MDF) that are being made with formaldehyde containing resins:
- d) Name and number of your CARB&EPA approved TPC (<u>http://www.arb.ca.gov/toxics/compwood/listoftpcs.htm &</u> <u>https://www.epa.gov/sites/production/files/2019-02/documents/epa-recognized\_third-party\_certifiers\_tpcs\_to\_provide\_services\_under\_the\_formaldehyde\_emission\_standar\_ds\_for\_composite\_wood\_products.pdf</u>):



# 2. Summary of Qualifying Test Results for Composite Wood Products Manufactured with NAF, ULEF-reduced or ULEF-exempt Resins

Please summarize your qualification test results by submitting information in three parts:

- Part (1): Compliance tests conducted by your CARB&EPA approved TPC;
- Part (2): Correlation tests between results of the primary or secondary compliance test conducted by your TPC and the corresponding quality control (QC) test results measured by the applicant mill's QC personnel; and
- Part (3): QC test data as described in Attachment A (i.e., minimum three-months for NAF, six-months for ULEF and 60 days for reduce QC test).

Note: If you are applying for more than one product approval (e.g., HWPW-VC and HWPW-CC), submit a separate Table 1 for each product.

## INSTRUCTIONS:

Table 1. Summary of Qualifying Test Results for NAF and ULEF Products

Section A:

**Product Type and Name**: For product type, specify whether your product is a NAF or ULEF product, and the type of composite wood product (e.g., MDF). Product name refers to the trade name of the product that is sold to your customers.

**Test Method**: Specify either primary (ASTM E 1333) or secondary test method (ASTM D 6007 shown to be equivalent to ASTM E 1333).

**Compliance Test Result**: Measured formaldehyde concentration in ppm of candidate NAF/ULEF product (i.e., one for NAF and two for ULEF, along with copies of the quarterly primary or secondary method test reports from your third party certifier).

#### Section B:

**Pair No.**: Number of paired test [Note: If you have additional data you wish to submit, please add a note in Part 2 and attach the data in attachment A.]

**Compliance Test (ppm)**: Measured formaldehyde concentration from primary or secondary method tests performed on each sample used to establish your correlation.

**Quality Control Test Result**: Measured formaldehyde concentration from quality control tests performed on each sample used to establish your correlation. Provide the test results in the concentration unit's common to the test (e.g.,  $\mu$ g/mL for ASTM D 5582, ppm for ASTM D 6007).

**Correlated ppm Value**: Compliance test "ppm" value corresponding to the measured quality control test result calculated using the linear regression equation provided below.

Quality Control Test Method: Specify the test method used (e.g., ASTM D 5582, ASTM D 6007)

**Linear Regression Equation and Correlation Value (r)**: Provide the regression equation used to calculate the equivalent compliance test method value (in ppm) from measured quality control test value, and the correlation value for the regression equation (i.e., "QC test value" = "x(ASTM E 1333 test value) + y" (where x and y are constants)).

<u>Section C</u>: Refer to Page 12 of this application.



2. Summary of Qualifying Test Results for Composite Wood Products Manufactured with NAF, ULEF-reduced or ULEF-exempt Resins (See Instruction on Page 5)

Table 1. Summary of Qualifying Test Results for NAF and ULEF Products					
Section A. Compliance Test Result					
Product Type and Name Test Metho		Y1 ·		npliance Test Result (ppm)	
	Sec	ction B. Correlation	n Test Res	sults	
Pair No.	Compliance Test (ppm)		Quality Control Test Result		Correlated Value (ppm)
1					
2					
3					
4					
5					
Quality Control Test Method:					
Linear Regression Equation:					
Correlation V	alue (r):				
	Section	on C. Quality Cont	rol Test R	esults	
following the		12 of this applicat	ion. Minin	num data s	sults for the product, set: three-months for , 60 days for reduce



## 3. Product Manufacturer and Resin Information

#### **INSTRUCTIONS:**

Composite Wood Product Manufacturer: Enter your company's name.

#### Table 2. Composite Wood Product Information

**Product Name:** Provide the "Product Type and Name" for the range of products verified by the compliance test data result in Table 1. Use the same "Product Type and Name" you listed in Table 1 on page 6. For example: NAF PB, Trade name: XYZ panel for particleboard panels ranging in thickness from 0.25 to 1.0 inch.

**Range in Production Parameters:** Provide a numerical range for press time (minutes), press temperature (degrees Celsius), and resin application rate. For HWPW, provide a spread rate in pounds of per thousand square feet of single glue line. PB and MDF provide resin usage in kilograms per cubic meter. For all products, the range should include allowances for plant operation during warm and cold seasons of a year.

**Post-press Product Treatment:** Please indicate any post-press treatment(s), if applicable, that your product is subjected to that may modify its formaldehyde emissions.

#### Table 3. Resin Information (for the Product Type Specified in Table 2)

**Category:** Specify the resin used, as appropriate, in the face, core, or both layers (single- system) of your product.

**Resin(s) Used: Trade Name(s) and Manufacturer(s)/Supplier(s):** Provide the trade name(s) and manufacturer(s) and/or supplier(s) of the resins used to manufacture your product. If applicable, specify face and core resins separately.

**Estimated Annual Usage:** Provide an estimate/projection of the total amount of resin(s) used to manufacture your product(s) in a one-year period. The estimate, in pounds or kilograms, represents the weight of resin that you purchase from your supplier in a 12-month period. Indicate if the resin is supplied to you as a liquid or a dry solid.

# Table 4. Ingredients Added by Composite Wood Product Manufacturers (for the Product Type Specified in Table 2)

**Ingredient (CAS Number):** List all ingredients that you add to the resin you buy from your supplier prior to pressing, if applicable. This may include catalysts (e.g., ammonium chloride), buffers (e.g., ammonia), scavengers (e.g., urea), fire retardants, wax, biocides, etc. If no additional ingredients are added to the base resin, indicate as "None." If an ingredient does not have a CAS number, please provide an explanation.

**Amount Added per Pound of Base Resin:** Provide the range in the amount (pounds) of ingredient added per pound of resin purchased from your supplier.



# **3. Product Manufacturer and Resin Information** (See instructions on Page 7)

<u>NOTE</u>: Submit one copy of this page for each product type being made with the NAF or ULEF resin.

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

Table 2. Composite Wood Product ("Product") Information				
	Range in Production Parameter			
Product Type and Name	Press Time (Minutes)	Press Temperature (°C)	Resin Application	
Thickness (inches):				
Post-press Product Treatment, if applicable:				

Table 3. Resin Information (for the Product Type and Name Specified in Table 2)			
Category	Resin(s) Used: Trade Name(s) and Supplier(s)	Estimated Annual Usage (Pounds or Kilograms)	
Face:			
Core:			
Single-system:			

Table 4. Ingredients Added by Composite Wood Product Manufacturers (for the Product Type and Name Specified in Table 2)			
Ingredient (CAS Number)	Amount Added per P (100 Percent S		
	Minimum	Maximum	



## 4. Resin Ingredient Information

<u>INSTRUCTIONS</u>: This part requires information from both composite wood product manufacturers <u>and</u> resin manufacturers, in cases where the resin formulation data are held confidential by the resin supplier.

### INFORMATION PROVIDED BY COMPOSITE WOOD PRODUCT MANUFACTURERS:

**Company Name:** Enter the name of your company.

Address: Enter your company's mailing address, including city, state, country, and postal code.

**Email:** Enter the email address for the company contact person from page 1.

**Product Name:** Enter the "Product Name" from Table 2. If you are applying for more than one product approval, submit one copy of this page for each product.

**Name of Typical Resin Name:** Enter the name of the "typical resin" that corresponds to the specified product type.

<u>NOTE</u>: After supplying the information above, manufacturers are asked to send a copy of "page 10" to their resin supplier(s) to fill out for each resin that will be used to make their product(s). Resin suppliers are asked to provide the information in Table 5 and their contact information. **Completed copies of "page 10" can be sent directly to CARB by mail or email to the addresses on Page 1 of the application.** 

## **INFORMATION PROVIDED BY RESIN MANUFACTURERS/SUPPLIERS:**

#### Table 5. Base Resin/Adhesive Information

**Base Resin Type:** Specify the type of base resin used by the composite wood product manufacturer (e.g., UF + melamine, PVA).

**Molar Ratio:** For ULEF resins, specify the formaldehyde:urea, formaldehyde:phenol, etc., molar ratio (e.g., 1:1, 1.07:1, etc.)

**Ingredient Name:** List all ingredients in the resin. Please include organic compounds (carbon-based compounds), inorganic compounds (e.g., calcium carbonate, titanium dioxide, etc.), and water content.

**CAS No.:** Enter the Chemical Abstract Service (CAS) number for the ingredient listed. If a CAS number is not provided, please provide a description of the ingredient and an explanation as to why a CAS number cannot be provided. If an ingredient does not have a CAS number, please provide an explanation.

**% by Weight Values:** Record the minimum and maximum "% by weight" of the ingredients in the resin formulation that will be used. The sum of the "% by weight" values should approximate 100 percent.

#### **Resin Manufacturer and Resin Information**

Company Name and Mailing Address: Enter the name of your company and mailing address.

**Contact Information:** Enter the contact person's name, title, phone number, and email address.



## **4. Resin Ingredient Information** (See instructions on Page 9)

<u>NOTE</u>: The box below is to be completed by applicants whose resin suppliers deem their resin formulation <u>confidential</u>. In such cases, Table 5 and "Resin Manufacturer Information" are to be provided by the applicant's resin supplier who can transmit their confidential information to CARB under separate cover by mail or email to the addresses on Page 1 of the application.

Company Name:	
Mailing Address:	
Product Type and Name (from Table 2)	Resin Trade Name (from Table 3)

#### NOTE: Table 5 and "Resin Manufacturer Information" are to be completed by resin suppliers

Table 5. Base Resin/Adhesive Information					
Base Resin Type (e.g., PF):	<sup>(1)</sup> Molar Ratio of Base Resin Components:				
Ingredient	CAS No.	% by We	ight Values		
		Minimum	Maximum		
<sup>(1)</sup> Complete information for typical molar of the reported ratio).	ratio, if applicable (Assume	s in-use molar ratio	s may be ± 10%		

## **RESIN MANUFACTURER INFORMATION<sup>1</sup>**

Company Name:	
Mailing Address:	
Contact Person (Print name and provide signature):	
Phone:	Email:
<sup>(1)</sup> <u>CONFIDENTIAL INFORMATION</u> : The base resin/adhesi as a confidential trade secret by the company listed above, section 91000 et seq., and the California Public Records Ad	pursuant to title 17, California Code of Regulations,



## 5. Statement of Exclusive NAF or ULEF Resin Use

As a CARB-approved composite wood product manufacturer, we agree to exclusively manufacture the composite wood product(s) listed below with:

NAF

ULEF

Resins for sale, supply, and/or use in US.

Product Name and Type		
Company Name:		
Product Type (e.g., MDF):		
Thickness Range (inches):		
Product Trade Name:		
Resin System (e.g., Soy, PF, etc.):		

In signing this statement affirming that we will exclusively manufacture composite wood products with the above named NAF or ULEF resins for sale, supply, and/or use in California, we assume responsibility for ensuring that those products will be made according to specifications in our application to CARB and US EPA and that those products comply with applicable formaldehyde emission standards.

At which time, we decide to discontinue exclusively manufacturing specific composite wood products with:



ULEF

Resins for sale, supply, and/or use in United States, in accordance with the specifications in our application to US EPA and CARB, we will provide written notification to TPC 30-days prior to making the change.

Authorized Signature

Date

**Printed Name** 



# ATTACHMENT A Qualification Data

For NAF, ULEF or Reduce QC test applications, please append the items listed below to your application.

**NAF:** As specified in section 93120.3 (c)(1) of the ATCM and section 770.17 of the TSCA, data demonstrating the emissions performance of the candidate resin must be provided that includes the following:

- **Three months** of routine quality control (QC) testing data. [Note: To expedite processing your application, please provide your QC data in an Excel file]
- The correlation of the routine QC testing data to primary or secondary method testing data. Please include correlation plot with corresponding regression analysis and correlation (r). Please provide the correlation in the following format: "QC test" = "x (primary/secondary test) + y" (where x and y are constants). For compliance test results greater than 0.04 ppm, specify whether the product was included for purposes of establishing the correlation.
- The one primary or secondary method test report, on your Third Party Certifier's letterhead, as specified in section 93120.3(c) of the ATCM section 770.17 of the TSCA.
- For products made with a NAF resin purchased from multiple suppliers, provide and identify the QC and compliance test data corresponding to each resin used.

**ULEF (reduced testing or exemption):** As specified in section 93120.3 (d)(1) of the ATCM and section 770.18 of the TSCA, data demonstrating the emissions performance of the candidate resin must be provided that includes the following:

- **Six months** of routine quality control testing data. [Note: To expedite processing your application, please provide your QC data in an Excel file on a CD or as an email attachment.]
- The correlation of the routine QC testing data to primary or secondary method testing data. Please include correlation plot with corresponding regression analysis and correlation (r). Please provide the correlation in the following format: "QC test" = "x (primary/secondary test) + y" (where x and y are constants). For compliance test results greater than 0.04 ppm, specify if the product was included for purposes of establishing the correlation.
- Two quarterly primary or secondary method tests, on your Third Party Certifier's letterhead, as specified in section 93120.3(d) of the ATCM and section 770.18 of the TSCA.
- For products made with an ULEF resin purchased from multiple suppliers, provide and identify the QC and compliance test data corresponding to each resin used.

**Reduced QC testing for Particleboard or MDF product:** As specified in section 770.20 (b) of the TSCA and section 93120 appendix 2 (g) (4) (B) of the ATCM, data demonstrating the emissions performance of the candidate resin must be provided that includes the following:

- 30 panel running average for the previous 60 consecutive calendar days or more [Note: To expedite processing your application, please provide your QC data in an Excel file on a CD or as an email attachment.]
- The correlation of the routine QC testing data to primary or secondary method testing data. Please include correlation plot with corresponding regression analysis and correlation (r). Please provide the correlation in the following format: "QC test" = "x (primary/secondary test) + y" (where x and y are constants).



# Certification

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

I,\_\_\_\_\_\_, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signature

Date

Printed Name