GEORGIA DEPARTMENT OF AGRICULTURE
FORMULATION CERTIFICATE ATTACHMENT

PART 1. **I HEREBY CERTIFY THAT THE SUPPORTING INDEPENDENT TEST REPORT (S) IS BASED ON THE ANALYSIS OF THE PRODUCT FORMULATION IDENTICAL TO THE BRAND (S) UNDER APPLICATION LISTED BELOW AND THAT I AM AN AUTHORIZED AGENT OR REPRESENTATIVE OF THIS ANTIFREEZE FORMULATION.**

NEW FORMULATION? YES ☐ NO ☐
IF YES, SUPPORTING LAB REPORT (S) REQUIRED

CURRENT FORMULATION? YES ☐ NO ☐
IF NO, SUPPORTING LAB REPORT (S) REQUIRED

SIGNATURE _____ NAME (PLEASE OR TYPE) _____ TITLE _____

COMPANY _____ ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____ DATE _____

PART 2. **THE FORMULATION IS FOR THE FOLLOWING BRANDS:**

BRAND NAME CHANGES? YES ☐ NO ☐
IF YES, EXPLAIN BELOW IN PART 5.

PART 3. **CHECK ALL THAT APPLY:**

☐ ETHYLENE GLYCOL BASE	☐ VIRGIN	☐ LIGHT DUTY	☐ EXTENDED LIFE
☐ PROPYLENE GLYCOL BASE	☐ RECYCLED	☐ HEAVY DUTY	☐ PREDILUTED
☐ OTHER BASE_____	☐ CONCENTRATED	☐ BOTH DUTY	☐ OTHER_____

PART 4. **SUPPORTING LAB REPORT(S) ATTACHED** (NOT REQUIRED IF FORMULATION HAS NOT CHANGED AND IF THE REPORTS LISTED BELOW HAVE BEEN PREVIOUSLY SUBMITTED AND APPROVED)**:**

FORMULATION IDENTIFICATION	LAB NAME	REPORT DATE	REPORT ADDRESSED TO

PART 5. **ADDITIONAL COMMENTS:**

NOTES:
Only one attachment is needed per formulation
If more space is needed for brands, use another page and identify as Page ___ of ___.

SOL AFFCA Revised 3/01