APPLICATION FORM FOR ANTI-FREEZE PERMIT

(Inspection fee - $20.00 for each brand submitted)

Notice – Attach check or draft made out to "SECRETARY OF AGRICULTURE", and mail to: Iowa Laboratory Facility, 2230 South Ankeny Blvd., Ankeny, IA 50023, Attn: Weights & Measures Bureau

Name of Applicant: _____ Date: _____

Address: _____

Application is hereby made for a permanent registration in the State of Iowa for the following brand of anti-freeze under a label guarantee and declaration of which the following is an exact copy:

_____ _____

Name or Brand of Anti-Freeze UPC Code No.

_____

Name or manufacturer or person responsible for placing this commodity on market

_____

Address of manufacturer or person

List all Patent Numbers applying to this product: _____

Composition: List all ingredients, active and inactive giving both Chemical term, Common name, beginning with one present in largest proportion. _____

_____

Percentage of water by volume present: _____

Physical Properties:

Net contents by weight and volume of each size container: _____

_____

Specific Gravity at 60˚ / 60˚ F _____ Distillation Range in ˚ F _____

Flash Point in ˚F _____ Fire Point in ˚F _____

Dilution to obtain ˚F (0˚) _____ Dilution to obtain -20˚F _____

Poison or Nonpoisonous _____

This applicant, legal representative of which, being duly sworn, deposes and declares: (1) that the information appearing herein is true and correct in every respect; (2) that the above declaration is the guarantee of the applicant as to the chemical and physical composition of the material above named; (3) that labeling or ingredients will not be changed during this period; (4) that if changes in the formula or labeling are made a new permit will be obtained.

State of _____ County of _____ ss.

Name of Applicant:: _____

Address _____

Signature and Title of person making oath _____

Affidavit: Subscribed and Sworn to before me, this _____ day of _____

Term ending: _____ 20_____ Signed _____

(Notary Public)