Arizona Department of Weights and Measures
4425 West Olive Ave., Glendale, AZ 85302

Predictive Model Notification Form

Supplier _____ Facility No. _____

Batch Number _____ Tank ID: _____

Contact _____ Volume: _____

Telephone Number _____ Date/Time: _____

Election Date _____ PM ID No. _____

Fuel Parameter	Standards		CAP	Predictive Model Specification (DAL)	Comments
	Average	Flat			
T50					
T90					
Oxygen, (min.)					
Oxygen (max)					
Sulfur					
Benzene					
Aromatics					
Olefins					

Predictive Model Pollutants	Percent Change in Emissions	
	Minimum O2	Maximum O2
NOX	%	%
THC	%	%

I hereby certify and attest that I have the authority to act on behalf of and bind _____(Business Name), and that the information provided in true and accurate, meeting all applicable standards, specifically R20-2-751, to the best of my knowledge.

_____ _____ _____
Authorized Agent's Signature Authorized Agent's Printed Name Date

Contact ADWM with notification prior to transport of PM alternative Formulation Product

FAX (623) 939-7825 RFPMAL.xls **Telephone 623-463-9942**