



Portland Cement Association
 200 Massachusetts Ave NW, Suite 200
 Washington D.C., 20001
 202.408.9494
 www.cement.org

PCA STAFF USE ONLY
APPLICATION ID #:

EPD ASSISTANCE APPLICATION

Part 1: Company Information

Part 1.A: Company Name and Point of Contact.

Legal Company Name:	U.S. Headquarters Address:
Primary Point of Contact:	City:
Email:	State: State of Organization/Incorporation:
Phone Number:	Zip:

Part 1.B: Additional Company Information.

Number of Company Employees in the United States: Check the Box of Each Trade Association of which Company is a Member:	American Coal Ash Association Natural Pozzolan Association Portland Cement Association Slag Cement Association Silica Fume Association Other (list):
Check each of the Following that Apply to the Company's Business:	Small Business Small Disadvantaged Business Enterprise Small Women-Owned Business Small Veteran-Owned Business Small Service-Disabled Veteran-Owned Business Other (list):
List the Number of Facilities Covered by this Application:	



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From Part 1.A: Company Points of Contact.

Legal Company Name:	U.S. Headquarters Address:
Primary Point of Contact:	City:
Email:	State: State of Organization/Incorporation:
Phone Number:	Zip:

Part 2: Facility Information

Complete Part 2: Facility Information for EACH facility covered by this application.

Additional pages for [Part 2 can be found here.](#)

Part 2.A: Facility Address

Facility name:			
Address:	City:		
State:	Zip:		

Part 2.B: Facility Information

By submitting this application, applicant confirms that the facility production capacity is at least 10,000 tons per year (sum of all cement and/or SCM products).

Check the Box for each Applicable Facility Type: *Check "Coal Ash" for facilities producing ground bottom ash and beneficiated ash from fresh ash source (not harvested).	<input type="checkbox"/> Cement Plant	<input type="checkbox"/> Harvested Coal Ash
	<input type="checkbox"/> Cement Grinding Facility	<input type="checkbox"/> Natural Pozzolan
	<input type="checkbox"/> Slag Grinding Facility	<input type="checkbox"/> Other (list)
	<input type="checkbox"/> Coal Ash	

Part 2.C: List the Products for which you are planning to develop EPDs with this funding assistance.

Will the proposed EPDs for the following products be the first EPDs for products manufactured at this facility?	Yes	No
<i>If "no," please attach a current list of existing facility-specific EPDs for products manufactured at this facility, including each such EPD's declaration number, program operator, applicable PCR, and dates of validity.</i>		
Product Type	New or Revised	Applicable PCR

I hereby certify that the information contained in this application is complete in all material respects and that I am authorized to submit this application on behalf of the above-referenced company.

Company Name:

By:

Name:

Title:

Date: