Form Approved OMB Number: 2070-0212 Approval Expires: 12/31/2027 Page 1 of 2 TOXICS RELEASE INVENTORY FORM A Environmental Protection Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to Attention: EPCRA Substantiation Packages, TRI Facility ID Number CGI Federal, Inc., c/o EPA Reporting Center, 12601 Fair Lakes Circle, Fairfax, VA 22033. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act. This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0212). Responses to this collection of information are mandatory (42 CFR 11023). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The annual public burden related to Form A is estimated to average 21.96 hours per response for a facility filing a report on one chemical. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden including through the use of automated collection echniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address. Revision (Enter up to two code(s)) Withdrawal (Enter up to two code(s)) This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked. PART I. FACILITY IDENTIFICATION INFORMATION SECTION 1. REPORTING YEAR SECTION 2. TRADE SECRET INFORMATION Are you claiming the toxic chemical identified on page 2 as a trade secret? Yes (Answer question 2.2; attach No (Do not answer 2.2: 2.1 2.2 Is this copy Unsanitized Sanitized substantiation forms) go to Section 3) (Answer only if "Yes" in 2.1) SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year. Signature: Name and official title of owner/operator or senior management official: Date signed: SECTION 4. FACILITY IDENTIFICATION Facility or Establishment Name TRI Facility ID Number BIA Code Physical Street Address Mailing Address (if different from physical street address) 4.1 City/County/State/ZIP Code City/State/ZIP Code Country (Non-US) This report contains information for: (Important: Check c or d if applicable) A Federal Facility d. **GOCO** Technical Contact Name Telephone Number (include area code and ext.) Email Address Public Contact Name Telephone Number (include area code and ext.) 4.4 Email Address Primary NAICS Code(s) (6 digits) 4.5 Dun & Bradstreet 4.6 Number(s) (9 digits) SECTION 5. PARENT COMPANY INFORMATION Name of U.S. Parent Company No U.S. Parent Company (for TRI Reporting purposes) (for TRI Reporting purposes)

No Foreign Parent Company

(for TRI Reporting purposes)

NA

U.S. Parent Company's Dun &

(for TRI Reporting purposes)

Name of Foreign Parent Company

Foreign Parent Company's Dun &

Bradstreet Number

Bradstreet Number

5.2

5.3

5.4

Approval Expires: 12/31/2027 Pag

	EPA FORM A	TRI Facility ID Number	
	PART II. CHEMICAL IDENTIFICATION Do not use this form for reporting chemicals of special concern, including Dioxin and Dioxin-like Compounds*		
SECTION 1. TOXIC CHEMICAL IDENTITY Reportof			
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)		
1.1			
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)		
1.2			
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structural	lly descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)			
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and provided by Supplier (Important: Maximum of 70 characters, and provided by Supplier (Important: Maximum of 70 characters, and provided by Supplier (Important: Maximum of 70 characters).	punctuation.)	
2.1			
SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL			
9.2	If you wish to provide optional chemical specific pollution prevention or additional information, provide it here.		
SECTION 1. TOXIC CHEMICAL IDENTITY Reportof			
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting	g a chemical category.)	
1.1			
12	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structural	lly descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)			
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)		
SEC	SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL		
	If you wish to provide optional chemical specific pollution prevention or additional information, provide it here.		
9.2			

^{*}See 40 CFR 372.28 for the lists of chemicals of special concern