

**TOXIC SUBSTANCE CONTROL ACT (TSCA)
CERTIFICATION**

Date: _____

(CHECK ONE SECTION ONLY)

POSITIVE CERTIFICATION:

- « CERTIFY THAT ALL CHEMICAL SUBSTANCES IN THIS SHIPMENT COMPLY WITH ALL APPLICABLE RULES OR ORDERS UNDER TSCA AND THAT I AM NOT OFFERING A CHEMICAL SUBSTANCE FOR ENTRY IN VIOLATION OF TSCA OR ANY APPLICABLE RULE OR ORDER THEREUNDER. »

-OR-

NEGATIVE CERTIFICATION:

- « I CERTIFY THAT ALL CHEMICALS IN THIS SHIPMENT ARE NOT SUBJECT TO TSCA. »

COMPANY NAME _____

COMPANY ADDRESS Street: _____

City: _____

State/Province: _____

Country: _____

Zip/Postal: _____

AUTHORIZED NAME _____

AUTHORIZED SIGNATURE _____

TITLE _____

IF THE CERTIFIER IS UNSURE IF THEIR CHEMICAL SUBSTANCE IS SUBJECT TO TSCA COMPLIANCE, CONTACT THE ENVIRONMENTAL PROTECTION AGENCY, TSCA ASSISTANCE OFFICE, WASHINGTON, D.C. (202) 554-1404 BETWEEN 8:30 AM AND 5:00 PM EST.

This form may be completed onscreen. Once completed, please print it and fax it to us at (418) 688-3399.
Vous pouvez compléter ce formulaire à l'écran. Une fois complété, veuillez l'imprimer et nous le transmettre par télécopieur au numéro (418) 688-3399.