

TOXIC SUBSTANCE CONTROL ACT (TSCA)

CERTIFICATION

DATE: _____

(CHECK ONE SECTION ONLY)

POSITIVE CERTIFICATION:

_____ "I 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: _____

AUTHORIZED NAME: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

AWB#: _____

RETURN TO: _____

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.

REVISED April 14, 2004