

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: -----

B/L# _____

CONTAINER NO(S) _____

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.