

TOXIC SUBSTANCES 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/ORDERS UNDER TSCA AND THAT I AM NOT OFFERING A CHEMICAL SUBSTANCE FOR ENTRY IN VIOLATION OF TSCA OR ANY APPLICABLE RULE/ORDER THEREUNDER."

OR

NEGATIVE CERTIFICATION:

_____ "I CERTIFY THAT ALL CHEMICALS IN THIS SHIPMENT ARE NOT SUBJECT TO TSCA"

COMPANY NAME: _____

COMPANY ADDRESS: _____

AUTHORIZED NAME: _____

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) 544-1404 BETWEEN 8:30 A.M. - 5:00 P.M. EST.