

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: -----

AUTHORISED NAME: -----

AUTHORISED SIGNATURE: -----

TITLE: -----

FEDERAL EXPRESS 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.