

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-O-L / AWB #: _____

CUSTOMS BROKER: _____

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 AM AND 5:00 PM EST.

REVISED May 7, 1990