



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Certification for Manufacturers of Mercury-Added Products

20
 Calendar Year

MassDEP Facility ID#

Filing Deadline: This form is due to MassDEP on March 31 following the calendar year for which you are certifying.

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

Mailing Address (if different)

Street Address/P.O. Box

City/Town

State

Zip Code

Please Note:
 Under 310 CMR 75.00, a "manufacturer" either makes a product to which mercury is intentionally added or imports such a product from a foreign company that does not have a U.S. presence.

B. Applicability

1. During the year for which you are certifying, did your company:
 - a. Manufacture one or more mercury-added products [310 CMR 75.00] that were sold, offered for sale, or distributed in Massachusetts?
 Yes No
 - b. Import one or more mercury-added products [310 CMR 75.00] that were sold, offered for sale, or distributed in Massachusetts?
 Yes No

If you answered **YES** to **EITHER** Question 1(a) **OR** Question 1(b), skip to Question 2.

If you answered **NO** to **BOTH** Question 1(a) **AND** Question 1(b) and your company sold, offered for sale, or distributed one or more mercury-added products outside of Massachusetts during the certification year, please describe on a separate sheet of paper the steps you took to ensure that your mercury-added product was not distributed in Massachusetts.

Sign and complete the fields immediately below and return this page to MassDEP.

Signature

Title

Name

Date (MM/DD/YYYY)

Mail Page 1 of this Form to:

MassDEP Mercury Products Program
 One Winter Street, 7th Floor
 Boston, MA 02108

Keep a copy of this page for your records.



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Bureau of Waste Prevention
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Please Note:
 Under 310 CMR 75.00, a "manufacturer" either makes a product to which mercury is intentionally added or imports such a product from a foreign company that does not have a U.S. presence.

B. Applicability

2. During the year for which you are certifying, your company: *(Check all that apply.)*
- a. Imported mercury-added products solely from a manufacturer with a separate U.S. presence from your business. Identify the manufacturer below. Continue on a separate sheet of paper, if necessary.

Name of Mercury-Added Product Manufacturer

Address

City/Town

State

Zip Code

Telephone

- b. Manufactured, sold, offered for sale, or distributed only mercury-added product(s) that are exempt from the requirement to submit a Collection and Recycling Plan. Please identify the exempt product(s) by checking the appropriate box(es) below.

- | | |
|--|---|
| <input type="checkbox"/> Motor vehicles and mercury-added components in motor vehicles | <input type="checkbox"/> Refurbished medical equipment |
| <input type="checkbox"/> Mercury-added button cell batteries | <input type="checkbox"/> Products containing one or more removable mercury-added button cell batteries but no other mercury |
| <input type="checkbox"/> Products containing one or more mercury-added lamps but no other mercury | <input type="checkbox"/> Mercury-added formulated products intended to be totally consumed in use (e.g. reagents, cleaning products, cosmetics, pharmaceuticals, lab chemicals) |
| <input type="checkbox"/> Products made with mercury that is solely from coal ash | <input type="checkbox"/> Products that are incorporated into equipment used to manufacture semi-conductor devices |
| <input type="checkbox"/> Elemental mercury in pre-capsulated form that is sold, distributed or provided to dental practitioners for use in compliance with MassDEP regulations concerning amalgam wastewater and recycling for dental facilities | <input type="checkbox"/> Mercury-added lamps for which a public education plan about the need to recycle spent bulbs has been filed with MassDEP. |

If you checked Box a, Box b or both in answer to Question 2 above, please sign and complete the fields below, and return the first two pages of this form to MassDEP.

If you did **NOT** check either Box a or Box b in answer to Question 2 above, your company is a manufacturer of mercury-added products according to Massachusetts law [310 CMR 75.02] and must file a Collection and Recycling Plan with MassDEP in order to sell or distribute these products in Massachusetts. Please skip to Section C, complete the remainder of this form and sign the certification statement, and then submit the entire form to MassDEP.

Signature

Title

Name

Date (MM/DD/YYYY)

Mail Pages 1 and 2 of this Form to:

MassDEP Mercury Products Program
 One Winter Street, 7th Floor
 Boston, MA 02108

Keep a copy of the completed pages for your records.



C. Compliance with Collection & Recycling Plan Requirements

1. Have you developed and filed with MassDEP a Collection and Recycling Plan that contains the information required by 310 CMR 75.04(6)?
 Yes No – Submit a Return to Compliance Plan

2. Were all the provisions of your Collection and Recycling Plan implemented during the year for which you are certifying?
 Yes No – Submit a Return to Compliance Plan

3. Did your company change any provision of its Collection and Recycling Plan during the year for which you are certifying?
 Yes – Submit a Return to Compliance Plan No

4. Did your company begin selling, offering for sale, or distributing in Massachusetts one or more types of mercury-added products NOT already covered by the Collection and Recycling Plan on file with MassDEP?
 Yes – Submit a Return to Compliance Plan No

5. Did your company make any changes to one or more mercury-added products during the year for which you are certifying that affected product life expectancy?
 Yes No – Skip to Question 6

If you answered **YES**, please provide a detailed description of those changes below and include a revised estimate of your product's life expectancy. Continue on a separate sheet of paper, if necessary.

6. During the year for which you are certifying, did your company remove the mercury from all of its products or stop manufacturing all of its mercury-added products?
 Yes No

7. During the year for which you are certifying, did your company stop selling, offering for sale, or distributing in Massachusetts one or more mercury-added products?
 Yes No – Skip to Section D

If you answered YES, please describe below the steps that your company took during the year for which you are certifying to ensure that the product would not be sold, offered for sale, or distributed in Massachusetts. Continue on a separate sheet of paper, if necessary.

Continue on Next Page →



D. Collection & Recycling of Mercury-Added Product(s)

For each type of mercury-added product sold or distributed in Massachusetts, provide the following information for the year of certification. Attach additional sheets of paper, if needed.

Type of Mercury-Added Product	1. How many mercury-added products were collected in Massachusetts and Recycled?*	2. How many mercury-added products were available for collection in Massachusetts?*	3. How many mercury-added products were sold or distributed in Massachusetts?*	4. Calculate the actual recycling rate (Row 1 divided by Row 2)

* If an exact figure is unavailable, provide your best estimate for the appropriate number of products and on a separate sheet describe the methods employed to develop your estimate(s).

E. Target Recycling Rate

1. Did your business achieve or exceed the target recycling rate specified in the table below during the year covered by the certification? [310 CMR 75.04(6)(l)]
- Yes No – Submit a Return to Compliance Plan

Target Recycling Rates for Mercury-Added Products Generated in Massachusetts			
2008	30%	2011	75%
2009	40%	Subsequent Years	75%
2010	50%		

F. Records Retention

1. Does your business keep records required by 310 CMR 75.00 to support this certification and demonstrate compliance? [310 CMR 75.04(8)]
- Yes No – Submit a Return to Compliance Plan



G. IMERC Notification

1. Is your Interstate Mercury Education and Reduction Clearinghouse (IMERC) notification up to date (i.e., when did you file your notification or most recent update)?

- Yes -- Provide Notification Date Below No – Submit a Return to Compliance Plan

 Date (MM/DD/YYYY)

H. Certification Statement

I attest under pains and penalties of perjury:

I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

 Authorized Signature

 Printed Name

 Title

 Date Signed (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

- President Secretary

- Treasurer Vice President

- Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

- General Partner

If a Sole Proprietorship:

- Proprietor

KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:

MassDEP Mercury Products Program
 One Winter Street, 7th floor
 Boston, MA 02108