| A picture containing food  Description automatically generated | Massachusetts Department of Environmental Protection  Dental Amalgam/Mercury Recycling Certification Program  Change of Ownership Notification |
| --- | --- |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | Instructions: email the completed form to [dental.mercury@mass.gov](mailto:dental.mercury@mass.gov) |
| Check only one:   1. I am the current/outgoing owner of the dental facility   Fill out all available information. You may skip New Owner Information, as needed.   1. I am the new/incoming owner of the dental facility   Complete this form within 60 days of taking ownership of a Dental Facility. If unknown,  you may skip Facility ID, Regulated Object, and Previous Owner Information. |
| DEP USE ONLY  / /  Date Received |
| Facility Information |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  | |
| Facility Address | | | Suite/Unit | |
|  | | | MA |  |
| Town | | | State | Zip Code |
|  |  | | | |
| Facility ID (FAC) Number |  | | | |
|  |  | | | |
| Regulated Object (RO) Number |  | | | |
| **Current/Outgoing Owner Information** | | | | |
|  | | | | |
| Name of Business/Facility | | | | |
|  | | | | |
| Owner Name | | | | |
|  | |  | | |
| Email Address | | Phone Number | | |
|  | |  | | |
| Ownership End Date (mm/dd/yyyy) | |  | | |
| **New/Incoming Owner Information** | | | | |
|  | | | | |
| Name of Business/Facility | | | | |
|  | | | | |
| Owner Name | | | | |
|  | |  | | |
| Email Address | | Phone Number | | |
|  | |  | | |
| Ownership Start Date (mm/dd/yyyy) | |  | | |

**Form continues on next page.**

|  |  |
| --- | --- |
| **Form Completed By** | |
|  |  |
| Name | Title |
|  |  |
| Organization | Email Address |

"I attest under the pains and penalties of perjury that:

I have personally examined and am familiar with the information contained in this submittal;

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; and

I am fully authorized to make this attestation on behalf of this facility. I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information."

|  |  |
| --- | --- |
|  |  |
| Signature | Date (mm/dd/yyyy) |