Draft Certification Statement for the Sale or Distribution of Elemental Mercury

I. Contact Information for <u>Seller, Provider, or Distributor</u> of Elemental Mercury (please print)

Organization:		
Telephone: ()		
Street Address:		
City/Town:	State:	Zip Code:
Contact Person:		
Telephone: ()		
Street Address:		
City/Town:	State:	Zip Code:

II. Contact Information for <u>Recipient</u> of Elemental Mercury (please print)

Organization:			
Telephone: ()			
Street Address:			
City/Town:	State:	Zip Code:	
Contact Person:			
Telephone: ()			
Street Address:			
City/Town:	State:	Zip Code:	
III. Amount of Mercury Transferred (pounds)		Date Transferred	
IV. Use of Elemental Mercury (Check all that a	apply)		
Pre-encapsulated Dental Amalgam*	Manufacturing	Medical	Research
* Certification statements are not required for th	he sale or distribution of r	re-encanculated cancules specific	ally designed

* Certification statements are not required for the sale or distribution of pre-encapsulated capsules specifically designed for the mixing of dental amalgam to dentist practitioners.

V. Certification: As the recipient of elemental mercury, I certify to the best of my knowledge and belief that:

(1) The elemental mercury is to be used only for manufacturing, medical, pre-encapsulated dental amalgam, or research purposes except when in accordance with federal and state law;

(2) I understand that mercury is toxic and must be stored, used, and handled appropriately so that no person is exposed to the mercury except when in accordance with federal and state law; and

(3) I will not place or allow anyone under my supervision or my organization's control to place the mercury or cause the mercury to be placed in solid waste or red-bag medical waste for disposal or in a wastewater disposal system except when in accordance with federal and state law.

I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature (Authorized Senior Management Official for Recipient)

(Date)

Print or Type Name and Title of Authorized Senior Management Official for Recipient

VI. "Seller, Provider, or Distributor" must retain this form with the original signature.

VII. "Recipient" must receive a Material Safety Data Sheet (MSDS) in accordance with all applicable laws and regulations.

Note: This is a Sample Form **that could be used by a seller, provider or distributor of elemental mercury as a** Statement for the sale or distribution of Elemental Mercury as identified under ECL §27-2107(3)