

AUTHORIZATION AND VERIFICATION FOR SECTION 5 NOTICE SUPPORT SUBMITTER BY COMPANY AUTHORIZING OFFICIAL

Authorized Official Information

I am an authorizing official and an electronic signature holder in U.S. EPA's CDX for the organization listed below, and verify that the person identified as the electronic signature holder below is authorized to submit only supplemental PMN documents (i.e., all support documents <u>except for a Letter of Support</u>) on behalf of my organization.	
Name of Authorized Official:	
Company Name:	
Address:	
City, State, Zip:	
Signature	Date

Electronic Signature Holder for Submission of Supplemental Information

I acknowledge by my signature below that the accuracy of the statements in all electronic submissions reflect my best prediction of the anticipated facts regarding the chemical substance(s) described therein. Any knowing and willful misrepresentation is subject to criminal penalty pursuant to 18USC 1001. I also acknowledge that I am authorized to submit only supplemental PMN documents (i.e., all support documents <u>except for a Letter of Support</u>) on behalf of the organization listed above.			
Name of Electronic Signature Holder:			
Company Name:			
Address:			
City, State, Zip:			
Country:		Province:	
Signature		Date	

PLEASE SEND THIS DOCUMENT AS SOON AS POSSIBLE TO:

By U.S. Postal Service:

PMN CDX Registration Coordinator (7407M)
 U.S. Environmental Protection Agency
 Office of Pollution Prevention and Toxics
 Ariel Rios Building
 1200 Pennsylvania Ave, NW
 Washington, DC 20460

By Hand Delivery or Courier:

PMN CDX Registration Coordinator
 U.S. EPA- OPPT/CBIC
 EPA East Building, Room 6428
 1201 Constitution Ave, NW
 Washington, DC 20004-3302
 202-564-8930; 202-564-8940