VERIFICATION OF COMPANY AUTHORIZING OFFICIAL

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.

Authorized Of	ficial Si	gnature
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1 2	orizing official and the electronic some authorized to submit any docum	O
Name of Authorized Official:		
Company Name:		
Address:		
City, State, Zip		
Province: (for non-domestic Letter of Support officials)		
Country: (for non-domestic Letter of Support officials)		
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