

INSTRUCTIONS

Certification Statement for the Sale or Distribution of Elemental Mercury

Complete and return this form to:

NH Department of Environmental Services
Pollution Prevention Program
6 Hazen Drive
Concord, NH 03301-6509

A separate certification statement must be completed and signed prior to each delivery of elemental mercury, even if the recipient receives more than one delivery within a short period of time. The provider of elemental mercury must forward completed certification forms to the Department of Environmental Services at least monthly.

Certification statements are **NOT** required for the distribution of dental amalgam dispose caps to dentist offices or facilities.

Contact the Pollution Prevention Program at the Department of Environmental Services (DES) at (603) 271-6460 if you have any questions on completing this form.

Please type or print using **black** ink to complete the form.

SECTION I. INFORMATION ON THE PROVIDER OF ELEMENTAL MERCURY

Organization – Full legal name of provider company or organization.

Organization Address – Physical location of provider company or organization including a street number and street name, city or town, state, and zip code.

Organization Telephone Number – A general telephone number for the provider company or organization.

Contact Person – A person who can answer questions for the provider company or organization.

Contact Telephone Number – Telephone number of the contact person.

Contact Address – Mailing address for the contact person including a street number and street name or P.O. Box number, city or town, state, and zip code.

Contact E-mail Address – E-mail address for the contact person.

SECTION II. INFORMATION ON THE RECIPIENT OF ELEMENTAL MERCURY

Organization – Full legal name of the recipient company or organization.

Organization Address – Physical location of the recipient company or organization including a street number and street name, city or town, state, and zip code.

Organization Telephone Number – A general telephone number for the recipient company or organization.

Contact Person – A person who can answer questions for the recipient company or organization.

Contact Telephone Number – Telephone number of the contact person.

Contact Address – Mailing address for the contact person including a street number and street name or P.O. Box number, city or town, state, and zip code.

Contact E-mail Address – E-mail address for the contact person.

SECTION III. AMOUNT OF MERCURY TRANSFERRED

Amount of Mercury – The amount of mercury in pounds transferred from the provider to the recipient on the date indicated on the certification statement.

Date Transferred – The date the elemental mercury is received by the recipient organization.

SECTION IV. USES OF THE ELEMENTAL MERCURY

The recipient can check as many of the allowable uses of elemental mercury as are applicable; a separate form is not required if the recipient uses the elemental mercury from a single delivery for more than one allowable use (e.g., only one form is required for a delivery of mercury for manufacturing at the location delivered and for further distribution for manufacturing by your company or organization at other locations).

SECTION V. CERTIFICATION

An authorized senior management official must review the information provided on the form and by the individual's signature, certify that the information provided on the form is true and correct to the best of the individual's knowledge and belief, subject to the penalty for making unsworn false statements under RSA 641:3. The official is responsible for ensuring compliance with the requirements of the certification statement at the recipient organization.

Authorized Senior Management Official – A corporate officer or the individual responsible for the overall operation of a facility or an operational unit of a facility, such as a plant manager, superintendent, manager of environmental programs, or person of equivalent responsibility.

Signature – Signature and date by an authorized senior management official.

Printed Name and Title – Print the name and official title of the authorized senior management official signing the notification.