

# Mercury-Added Product Notification Form

Version for Use by Trade Associations that are  
Reporting for Multiple Manufacturers

For IMERC use only

Date rec'd

Date data entry

Notification #

## IMPORTANT NOTES:

- Please type or print legibly using **black** ink to complete this form.
- All forms must be submitted with an **original** signature – **NO** faxes or electronic submissions will be accepted.

## I. Type of Notification

\_\_\_\_\_ First Notification                      Date: \_\_\_\_\_  
\_\_\_\_\_ Triennial Notification  
\_\_\_\_\_ Updated Notification                      Reason for Update: \_\_\_\_\_

**Note: If this is an Updated Notification Form and you have filed totals for 2001 and 2004, you are not required to provide the Total Mercury Information requested in Section IV, Column 7 until April 1, 2007 for calendar year 2008.**

## II. Reporting Organization Information

Complete this section if you are a trade association or other organization submitting this notification on behalf of multiple manufacturers.

Organization's Name: \_\_\_\_\_

Organization's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization's Telephone Number: \_\_\_\_\_

Organization's Web Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Person's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

Contact Person's E-mail Address: \_\_\_\_\_

# Mercury-Added Product Notification Form (continued)

## III. Product Information Table (attach to this Form)

## IV. Manufacturer's Designated Industrial Trade Group Registration (attach to this Form)

## V. Certification by the Trade Association

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this Notification is on a complete and accurate Form as prescribed by the member States and Interstate Mercury Education Reduction Clearinghouse (IMERC) without alteration of text. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with the applicable IMERC member states' laws.

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**Signature of an Authorized Trade Association Senior Management Official**

**Date**

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**Print or Type Name and Title of the Authorized Trade Association Senior Management Official**

Complete and return this form to:

**Interstate Mercury Education & Reduction Clearinghouse**  
**c/o Northeast Waste Management Officials' Association**  
129 Portland Street, Suite 602  
Boston, MA 02114-2014

Contact the Interstate Mercury Education and Reduction Clearinghouse (IMERC) at 617-367-8558 with any questions about completing this Form. For instructions on completing this Form and further information, please visit the IMERC website at <http://www.newmoa.org/prevention/mercury/imerc.cfm>

# Mercury-Added Product Notification Form (continued)

## III. Product Information Table

Name of Reporting Organization: \_\_\_\_\_

(1) Product or Product Category Manufactured, Distributed, or Imported*	(2) Description & Location of Mercury-Added Components Contained in Product (if applicable) List Each Component Separately**	(3) Number of Components in One Unit of Larger Product (if applicable)	(4) Amount of Mercury in Each Product or Component in Milligrams or Parts per Million***	(5) How Amount of Mercury is Reported (R or E)	(6) Purpose of Mercury in Product	(7) Total Amount of Mercury in all Units Sold in the U.S. in Calendar Year _____ in Grams****	(8) Names of Manufacturers (complete Section IV for each manufacturer listed)

\* You must provide additional information (e.g., model names or numbers) to distinguish mercury-added products or product categories from similar non-mercury products, or similar products with different amounts of mercury. Two or more mercury-added products may be reported as a product category if: (1) all of the products are similar and have the same consumer or commercial use; (2) the mercury serves the same purpose in all of the products, and, if applicable, all of the products have the same mercury-added component(s); and (3) all of the products (or components within each product) contain mercury in the same designated range. See General Instructions for further information.

\*\* For example, if product category is “truck,” the component description and location could be “convenience light switch in hood,” or for product category “recreational vehicle,” component description and location could be “gas-flow switch in range.”

\*\*\*For fabricated products, mercury amount must be reported per component, in milligrams (mg), R = range, E = exact amount. The acceptable ranges are >0-5 mg; >5-10 mg; >10-50 mg; >50-100 mg; >100-1000 mg; >1,000 mg. For formulated products, mercury amount should be provided as a concentration, in parts per million (ppm). The acceptable ranges are >0-10 ppm; >10-50 ppm; >50-250 ppm; >250 ppm. See General Instructions for further information.

\*\*\*\*Total mercury information must be reported for each product or product category. The total amount of mercury should be a point estimate; ranges are not acceptable. If this is an update, you are not required to provide information on total mercury content. Total mercury content information is due every 3 years; calendar year 2004 data is due on April 1, 2005. Calendar Year 2007 data will be due April 1, 2008.

Copy table and attach additional sheets if necessary (indicate total number of pages) Page \_\_\_\_\_ of \_\_\_\_\_

## IV. Manufacturer's Designated Industrial Trade Group Registration

Manufacturers designating an industrial trade group to submit a Mercury-added Product Notification on their behalf must complete a Registration to demonstrate that the trade group has been designated to submit the required information. The trade organization must compile all of these Registrations and submit them with the Multiple Manufacturer version of the Mercury-added Product Notification Form.

Trade groups should undertake the following steps to complete this process:

1. Ask each manufacturer for whom you are submitting information to complete and certify this section. Make and attach additional copies as needed. Only applications with original signatures will be accepted by the participating IMERC states. No faxes, electronic submissions, or applications with copied signatures will be accepted. All information must be either typed or legibly printed using black ink.
2. Complete and return to IMERC the original Registration Forms with the full Mercury-added Product Notification Form.

### Manufacturer:

Manufacturer's Name: \_\_\_\_\_

Manufacturer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manufacturer's Telephone Number: \_\_\_\_\_

Manufacturer's Web Address: \_\_\_\_\_

Manufacturer's NAICS Code(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Person's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

Contact Person's E-mail Address: \_\_\_\_\_

### Designated Industrial Trade Group:

Industrial Trade Group Name: \_\_\_\_\_

**Manufacturer's Certification:**

I have personally examined and am familiar with the information submitted in this document and all attachments thereto on behalf of my company, and I certify that, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this Registration Form is on a complete and accurate Form without alteration of text. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with the applicable IMERC member states' laws.

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**Signature of an Authorized Senior Management Official**

**Date Signed**

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**Print or Type Name and Title of the Authorized Senior Management Official**