

Mercury-Added Product Notification Form

Version for Reporting by a Single Manufacturer

For IMERC use only

Date Rec'd:

Filed As:

Total Mercury Year:

IMPORTANT NOTES:

- Please type or legibly print 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: Beginning with the 2010 Triennial reporting period, IMERC product notification will take place through an place through an e-filing reporting system. Please visit the IMERC website at www.newmoa.org/prevention/mercury/imerc for more information.

II. Reporting Company Information

Notification Submitted By: Manufacturer Distributor/Wholesaler Importer

Manufacturers: Skip to Section III, and do not complete this Section.

Distributors/wholesalers and importers: Complete this Section if you are submitting this Notification Form on behalf of a mercury-added product manufacturer. Please also complete the information requested in Section III.

Company's Name: _____

Company's Mailing Address: _____

City: _____ State: _____ Zip: _____

Company's Telephone Number: _____

Company'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. Manufacturer Information

Note: If you are a trade organization reporting for multiple product manufacturers, there is a different Notification Form for you to use, the Mercury-Added Product Notification Form for Multiple Manufacturers.

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: _____

IV. Product Information

Please complete the table, Section IV, at the end of this Form. Note that the table must be printed on 8 ½" x 14" size paper.

Mercury-Added Product Notification Form (continued)

V. Certification

I have personally examined and am familiar with the information 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 application is on a complete Form as prescribed by the member states of the 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 members' state laws.

Signature (of an Authorized Senior Management Official)

Date

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

Complete and Return this Form to:

**Interstate Mercury Education and 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 and further information, please visit the IMERC Web page at www.newmoa.org/prevention/mercury/imerc/notification.cfm