

# Mercury-Added Product Notification Form For Lamp Manufacturers **ONLY**

**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: If this is an Updated Notification Form, and you have filed totals for the previous Triennial reporting year (currently 2007), you are not required to provide the total mercury information requested in Section IV, Column 6. If you did not provide totals for 2001, 2004, or 2007 and you were making and/or selling lamps in the applicable states during these years, you need to submit that data with this Form.**

## II. Reporting Company Information

Notification Submitted By:  Manufacturer     Distributor/Wholesaler     Importer

**Lamp manufacturers:** Skip to Section III, and do not complete this Section.

**Distributors/wholesalers and importers:** Complete this Section if you are submitting this Form on behalf of a mercury-added lamp 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 NAICS Code(s): \_\_\_\_\_

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 For Lamp Manufacturers Only (continued)

## III. Manufacturer Information

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 at the end of this Form. Note that it must be printed on 8 ½" x 14" paper.

# Mercury-Added Product Notification Form For Lamp Manufacturers (continued)

## V. Certification

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 application is on a complete and accurate Form as prescribed by the member States of the Interstate Mercury Education Reduction Clearinghouse Committee (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 IMERC members' state laws.

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Signature (of an Authorized Senior Management Official)

Date

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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**  
89 South Street, Suite 600  
Boston, MA 02111

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 Web Page at [www.newmoa.org/prevention/mercury/imerc/notification.cfm](http://www.newmoa.org/prevention/mercury/imerc/notification.cfm)

## IV. Product Information Table

Name of Reporting Company: \_\_\_\_\_

(1) Lamp or Lamp Product Category Description – must include <b>lamp type</b> (see key below) and other appropriate descriptors, such as type of light produced (e.g., general, high-output, ultraviolet) and/or physical characteristics (e.g., length, short-arc, compact)	(2) Mercury Content in milligrams – (see instructions below)	(3) How Amount of Mercury is Reported (R for range or E for exact)	(4) Application of Lamp (see key below)	(5) Wattage (provide range)	(6) Total Amount of Mercury in grams in all units sold in the U.S. for each product or product category in calendar year _____

**(1) Lamp Description – Use one of these lamp types and only one lamp type per product category:**

- FL – Fluorescent
- CFL – Compact fluorescent
- CCFL – Cold cathode fluorescent
- MV – Mercury vapor
- MS – Mercury short-arc
- MH – Metal halide
- HPS – High pressure sodium
- CMH – Ceramic metal halide
- MX – Mercury-xenon short-arc
- MC – Mercury capillary
- NE – Neon

**(2) Mercury Content – Use an exact amount or one of the ranges below:**

- >0 – <5 mg
- >5 – 10 mg
- >10 – 50 mg
- >50 – 100 mg
- >100 – 1000 mg
- > 1000 mg

**(4) Application – select from list:**

- GL – General Lighting
- AV – Audio/Visual
- HO – High Output General
- SSTV – Stage/Studio/TV
- MA – Miniature/Automotive
- SR – Street/Roadway
- IN – Industrial/UV Curing/Graphic Arts
- SM – Scientific/Medical
- GS – Germicidal/Suntanning
- R – Reprographic/ Photographic
- O – Other – Specify

**(6) Total Amount of Mercury –** Total mercury in all units sold units should be reported for calendar years 2001, 2004, 2007, 2010, etc. See instructions for more information on this requirement.