

Certification Statement for the Sale or Distribution of Elemental Mercury



In order to sell elemental mercury in the State of Vermont, a manufacturer or distributor of the elemental mercury must have the purchaser or recipient sign a statement. This form will fulfill the requirement as written in law under [§7105 \(d\)](#) in order to sell elemental mercury in the State of Vermont. The manufacturer or distributor must complete sections I, II and III of the form. The purchaser must complete sections IV and V, sign and date the form. Once complete, the manufacturer or distributor must send the original of the completed form to: Karen Knaebel, Vermont Department of Environmental Conservation, 103 South Main Street, Cannery Building, Waterbury, Vermont 05671-4911

Questions? (802) 241-3455 or e-mail karen.knaebel@state.vt.us

Important:
When filling out forms on the computer, use only the tab key or the mouse to move your cursor – **do not use** the return or enter key.



I. Contact Information for **PROVIDER** of Elemental Mercury (please print)

| | | |
|----------------------------|------------------|-------------------------------|
| _____ Organization Name | | _____ Organization Phone # |
| _____ Contact Person | | _____ Contact Phone # |
| _____ Street Address | | _____ Email Address |
| _____ City | | |
| _____ State/Province | _____ Country | _____ Zip Code |

II. Contact Information for **RECIPIENT** of Elemental Mercury

| | | |
|----------------------------|------------------|-------------------------------|
| _____ Organization Name | | _____ Organization Phone # |
| _____ Contact Person | | _____ Contact Phone # |
| _____ Street Address | | _____ Email Address |
| _____ City | | |
| _____ State/Province | _____ Country | _____ Zip Code |

III. Amount of Mercury Transferred

| | |
|--|---------------------------|
| _____ Amount of Mercury Transferred in Pounds | _____ Date of Transfer |
|--|---------------------------|

IV. Use of Elemental Mercury (check all that apply)

- Medical Research Manufacturing

V. Certification: As the recipient of elemental mercury, I certify that...

- (1) The elemental mercury is to be used only for medical, manufacturing, or research purposes;
- (2) I understand that mercury is toxic and must be stored and used appropriately so that no person is exposed to the mercury; and
- (3) I will not place or allow anyone else under my or my organization's control to place the mercury or cause the mercury to be placed in solid waste for disposal or in a wastewater disposal system.

| | |
|--|---------------------------|
| _____ Signature (of an Authorized Senior Management Official for Recipient) | _____ Date of Transfer |
|--|---------------------------|

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