

#### SOLVENT DEGREASING ANNUAL SOLVENT SALES REPORT [See Paragraph 8(a) and Schedule 7 of Solvent Degreasing Regulations]

[See Paragraph 8(a) and Schedule 7 of Solvent Degreasing Regulations

**NOTE:** THIS FORM <u>MUST</u> BE USED TO MAKE THE ANNUAL SOLVENT SALES REPORT.

YEAR FOR WHICH ANNUAL SOLVENT SALES REPORT IS BEING MADE:

# $\sqrt[]{5}$ STEP 1: Seller Information

SELLER:						
NAME OF SELLER, COMPANY OR CORPORATION	N:					
CIVIC ADDRESS OF PRINCIPAL PLACE OF BUSINESS:						
Number and Street:						
City:	Province:		Postal Code:			
POSTAL ADDRESS OF PRINCIPAL PLACE OF BU	SINESS: (if different from	the civic address)				
Number and Street:						
City:	Province:		Postal Code:			
TELEPHONE NUMBER: (include area code) ( )		FAX NUMBER: (if any – ( )	include area code)			
E-MAIL ADDRESS: (if any)						
PERSON AUTHORIZED TO SUBMIT NOT	ICE ON BEHALF OF	SELLER: (if applicable	9)			
NAME:		, H	,			
TITLE:						
NAME OF COMPANY:						
CIVIC ADDRESS OF PRINCIPAL PLACE OF BUSIN	IESS:					
Number and Street:						
City:	Province:		Postal Code:			
POSTAL ADDRESS OF PRINCIPAL PLACE OF BU	SINESS: (if different from	the civic address)				
Number and Street:						
City:	Province:		Postal Code:			
TELEPHONE NUMBER: (include area code) ( )		FAX NUMBER: (if any – ( )	include area code)			
E-MAIL ADDRESS: (if any)						

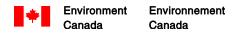
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NOTE: INDICATE IF A REQUEST FOR CONFIDENTIALITY IS BEING MADE UNDER SECTION 313 OF THE CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA), 1999 AND THE REASON FOR THE REQUEST.

DO YOU REQUEST CONFIDENTIALITY UNDER SECTION 313 OF CEPA 1999?



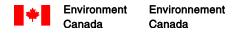
**REASON:** 



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NOTE: IF MORE THAN FIVE (5) FACILITIES ATTACH ADDITIONAL COPIES OF THIS PAGE.

FACILITIES:					
NUMBER OF FACILITIES INCLUDED IN THIS REPORT:					
CIVIC ADDRESS OF FACILITY 1:					
Number and Street:					
City:	Province:	Postal Code:			
POSTAL ADDRESS OF FACILITY 1: (if different fr	om the civic address)				
Number and Street:					
City:	Province:	Postal Code:			
CIVIC ADDRESS OF FACILITY 2:					
Number and Street:					
City:	Province:	Postal Code:			
POSTAL ADDRESS OF FACILITY 2: (if different fr	om the civic address)				
Number and Street:					
City:	Province:	Postal Code:			
CIVIC ADDRESS OF FACILITY 3:	1				
Number and Street:					
City:	Province:	Postal Code:			
POSTAL ADDRESS OF FACILITY 3: (if different fr	om the civic address)				
Number and Street:					
City:	Province:	Postal Code:			
CIVIC ADDRESS OF FACILITY 4:					
Number and Street:					
City:	Province:	Postal Code:			
POSTAL ADDRESS OF FACILITY 4: (if different fr	om the civic address)				
Number and Street:					
City:	Province:	Postal Code:			
CIVIC ADDRESS OF FACILITY 5:					
Number and Street:					
City:	Province:	Postal Code:			
POSTAL ADDRESS OF FACILITY 5: (if different fr	om the civic address)				
Number and Street:					
City:	Province:	Postal Code:			



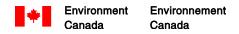
## ↓ STEP 4: SOLVENT INFORMATION

#### NOTES: SOLVENT, RECYCLED SOLVENT AND RECLAIMED SOLVENT ARE TO BE REPORTED SEPARATELY. ALL QUANTITIES ARE TO BE REPORTED IN KILOGRAMS.

MAKE AND ATTACH ADDITIONAL COPIES OF PAGES WHERE ADDITIONAL SPACE IS REQUIRED.

OLVENT	SOLD: (if applicable)				1
DATE OF SALE	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PER (Kg)
			TOTAL		

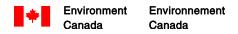
SOLVENT RETURNED BY PURCHASERS: (if applicable)					
DATE OF RETURN	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PERC (Kg)
	1	L	TOTAL		



# ♣ STEP 4: SOLVENT INFORMATION (CON'D)

RECYCLED SOLVENT SOLD: (if applicable)					
DATE OF SALE	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PERC (Kg)
			TOTAL		

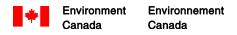
RECYCLED SOLVENT RETURNED BY PURCHASERS: (if applicable)						
DATE OF RETURN	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PERC (Kg)	
			T			
			TOTAL			



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RECLAIMED SOLVENT SOLD: (if applicable)					
DATE OF SALE	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PERC (Kg)
-					
			TOTAL		

RECLAIMED SOLVENT RETURNED BY PURCHASERS: (if applicable)						
DATE OF RETURN	PURCHASER'S NAME	CIVIC ADDRESS		TCE (Kg)	PERC (Kg)	
			Γ			
			TOTAL			



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I, \_\_\_\_\_, (print name of seller or person who is authorized to act on behalf of seller) DECLARE THAT THE INFORMATION PROVIDED IN THIS SOLVENT DEGREASING ANNUAL SALES REPORT IS CORRECT.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

TOTAL NUMBER OF PAGES IN THIS REPORT: \_\_\_\_\_

SIGNATURE OF SELLER, OR OF PERSON WHO IS AUTHORIZED TO ACT ON BEHALF OF THE SELLER.

#### THIS SOLVENT DEGREASING ANNUAL SOLVENT SALES REPORT MUST BE SUBMITTED NO LATER THAN **30** DAYS AFTER THE END OF THE YEAR IN WHICH THE SALE OCCURS

SUBMIT THE COMPLETED AND SIGNED SOLVENT DEGREASING ANNUAL SOLVENT SALES REPORT BY MAIL TO:

> SOLVENT DEGREASING COORDINATOR PRODUCTS DIVISION, CHEMICALS SECTOR DIRECTORATE ENVIRONMENT CANADA 351 ST. JOSEPH BLVD GATINEAU, QUEBEC K1A 0H3

FOR ASSISTANCE, CALL: 1-888-391-3426 OR EMAIL: PRODUCTS.PRODUITS@EC.GC.CA