



# SOLVENT DEGREASING ANNUAL SOLVENT SALES REPORT

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

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

YEAR FOR WHICH ANNUAL SOLVENT SALES REPORT IS BEING MADE: \_\_\_\_\_

## ↓ STEP 1: SELLER INFORMATION

<b>SELLER:</b>		
NAME OF SELLER, COMPANY OR CORPORATION:		
CIVIC ADDRESS OF PRINCIPAL PLACE OF BUSINESS:		
Number and Street:		
City:	Province:	Postal Code:
POSTAL ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (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)		
<b>PERSON AUTHORIZED TO SUBMIT NOTICE ON BEHALF OF SELLER: (if applicable)</b>		
NAME:		
TITLE:		
NAME OF COMPANY:		
CIVIC ADDRESS OF PRINCIPAL PLACE OF BUSINESS:		
Number and Street:		
City:	Province:	Postal Code:
POSTAL ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (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)		

## ↓ STEP 2: REQUEST FOR CONFIDENTIALITY

**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?

- No
- YES

REASON:



## ↓ STEP 3: SELLER FACILITY INFORMATION

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

FACILITIES:		
NUMBER OF FACILITIES INCLUDED IN THIS REPORT: _____		
<b>CIVIC ADDRESS OF FACILITY 1:</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>POSTAL ADDRESS OF FACILITY 1: (if different from the civic address)</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>CIVIC ADDRESS OF FACILITY 2:</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>POSTAL ADDRESS OF FACILITY 2: (if different from the civic address)</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>CIVIC ADDRESS OF FACILITY 3:</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>POSTAL ADDRESS OF FACILITY 3: (if different from the civic address)</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>CIVIC ADDRESS OF FACILITY 4:</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>POSTAL ADDRESS OF FACILITY 4: (if different from the civic address)</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>CIVIC ADDRESS OF FACILITY 5:</b>		
Number and Street:		
City:	Province:	Postal Code:
<b>POSTAL ADDRESS OF FACILITY 5: (if different from the civic address)</b>		
Number and Street:		
City:	Province:	Postal Code:









↓ **STEP 5: SIGNATURE**

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](mailto:PRODUCTS.PRODUITS@EC.GC.CA)**