



SOLVENT DEGREASING CONSUMPTION UNIT RETIREMENT NOTICE

[See Paragraph 5(1) and Schedule 4 of *Solvent Degreasing Regulations*]

NOTES: THIS FORM MUST BE USED TO MAKE A CONSUMPTION UNIT RETIREMENT NOTICE.
A SEPARATE CONSUMPTION UNIT RETIREMENT NOTICE MUST BE MADE FOR CONSUMPTION UNITS ISSUED FOR A GIVEN SOLVENT
AND A SPECIFIC DEGREASING PROCESS.

↓ STEP 1: RETIREE INFORMATION

RETIREE:		
NAME OF RETIREE, 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)		
PERSON AUTHORIZED TO SUBMIT NOTICE ON BEHALF OF RETIREE: (if applicable)		
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: RETIREE FACILITY INFORMATION

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

FACILITIES:		
NUMBER OF FACILITIES INCLUDED IN THIS NOTICE: _____		
CIVIC ADDRESS OF FACILITY 1:		
Number and Street:		
City:	Province:	Postal Code:
POSTAL ADDRESS OF FACILITY 1: (if different from 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 from the civic address)		
Number and Street:		
City:	Province:	Postal Code:
CIVIC ADDRESS OF FACILITY 3:		
Number and Street:		
City:	Province:	Postal Code:
POSTAL ADDRESS OF FACILITY 3: (if different from 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 from 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 from the civic address)		
Number and Street:		
City:	Province:	Postal Code:



↓ STEP 4: SOLVENT AND DEGREASING PROCESS INFORMATION

SOLVENT AND DEGREASING PROCESS:	
EFFECTIVE DATE OF RETIREMENT OF CONSUMPTION UNITS: (dd/mm/yy)	____ / ____ / ____
NAME OF SOLVENT FOR WHICH CONSUMPTION UNITS WERE ISSUED: (select one only)	TCE <input type="checkbox"/> PERC <input type="checkbox"/>
NAME OF DEGREASING PROCESS FOR WHICH CONSUMPTION UNITS WERE ISSUED: (select one only)	VAPOUR DEGREASER <input type="checkbox"/> COLD DEGREASER <input type="checkbox"/>
QUANTITY OF CONSUMPTION UNITS RETIRED:	_____ Kg.
REASON FOR RETIREMENT OF CONSUMPTION UNITS:	

↓ STEP 5: SIGNATURE

I, _____, (print name of retiree or person who is authorized to act on behalf of retiree) **DECLARE THAT THE INFORMATION PROVIDED IN THIS SOLVENT DEGREASING CONSUMPTION UNIT RETIREMENT NOTICE IS CORRECT.**

DATE: _____

PLACE: _____

TOTAL NUMBER OF PAGES IN THIS NOTICE: _____

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



Environment
Canada

Environnement
Canada

**SUBMIT THE COMPLETED AND SIGNED SOLVENT DEGREASING CONSUMPTION UNIT RETIREMENT NOTICE
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