



RELEASE TEST NOTICE

(Pursuant to subsection 5(5) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

Please note the following information:

- Pursuant to subsection 5(5) of the Regulations, every person that intends to perform a release test must notify the Minister at least **30 days** before performing the test. Please use this report for all Release Test Notices.
- More information on these Regulations can be found at: <http://www.ec.gc.ca/lcpe-cepa/eng/regulations/>
- A copy of the Regulations can be found at: <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2009-162>

- **Please submit this notice to:**

NATIONAL CHROMIUM COORDINATOR

Chemical Production Division
351 St. Joseph Boulevard, 11th Floor
Gatineau, QC K1A 0H3
Fax: 819-938-4218
E-mail: EC.Chrome-Chromium.EC@Canada.ca

RELEASE TEST NOTICE

(Pursuant to subsection 5(5) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

Name of Owner/Operator:

Civic Address of Facility:

Number and Street:

City:

Province/Territory:

Postal Code:

Postal Address of Facility (if different from civic address):

PO Box:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

E-mail address:

Name of Parent Company (if applicable):

Civic Address of Parent Company (if applicable):

Number and Street:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

NOTIFICATION OF INTENT TO PERFORM A RELEASE TEST

Three-Day Period in Which the Release Test Will Be Conducted

Start Date (Y-M-D):

End Date (Y-M-D):

Request for Confidentiality

- Pursuant to section 313 of the *Canadian Environmental Protection Act, 1999*, I request that the following parts of the information that I am submitting be treated as confidential.

(Specify the parts [e.g. sections, tables] of the information that you request be treated as confidential and include the reason for your request.)

- I do not request that the information I am submitting be treated as confidential, and I consent to its being released without restriction.

Signature of Person Authorized to Sign on Behalf of the Facility (subsection 13(1))

I, _____, represent and warrant that I am duly
(print name of person authorized to sign on behalf of facility)

authorized to bind _____ and
(insert name of facility)

declare that the information provided in this Release Test Notice is accurate and complete..

Signature: _____ Title: _____

E-mail: _____ Date (Y-M-D): _____