



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.
- The Regulations and related information can be found at: <http://www.canada.ca/chromium>
- Please submit this notice to:

NATIONAL CHROMIUM COORDINATOR
Chemical Production Division
351 St. Joseph Boulevard, 19th Floor
Gatineau, QC K1A 0H3
E-mail: EC.Chrome@ec.gc.ca

RELEASE TEST NOTICE

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

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Name of Facility:

Name of Owner/Operator:

Telephone (including area code):

Fax (including area code):

E-mail address:

Civic Address of Facility:

Number and Street:

City:

Province/Territory:

Postal Code:

Postal Address of Facility: Same as Civic Address ☐

PO Box:

City:

Province/Territory:

Postal Code:

Name of Parent Company: Not applicable ☐

Civic Address of Parent Company:

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):

All tanks subject to this notice		
Tank ID	Tank description	Stack ID
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank	
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank	
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank	
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	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank	
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank	
If a new tank is subject to the Regulations, please ensure that a Control Method Notice has been submitted in accordance with subsections 3(2), 3(3) and 3(4) of the Regulations		

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): _____