



## NAME AND ADDRESS CHANGE FORM

(Pursuant to subsections 3(2), 3(2)(b), 3(3), 3(4) and 13(2), of the Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations (the "Regulations"))

- Please use this form to advise the National Chromium Coordinator should any of the following information changes:
  - Facility Name
  - Facility Address
  - Facility Contact Information
- The Regulations and related information can be found at: <http://www.canada.ca/chromium>

- **Please submit this notice to:**

**NATIONAL CHROMIUM COORDINATOR**

Industrial Sectors and Chemicals Directorate

351 St. Joseph Boulevard, 19<sup>th</sup> Floor

Gatineau, QC K1A 0H3

E-mail: [chrome@ec.gc.ca](mailto:chrome@ec.gc.ca)

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(Pursuant to subsections 3(2), 3(2)(b), 3(3), 3(4) and 13(2), of the Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations (the "Regulations"))

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED**

### Previous Facility Information

**Name of Facility:**

**Name of Owner/Operator :**

**Civic Address of Facility:**

Number and Street:

City:

Province/Territory:

Postal Code:

**Telephone (including area code):**

**Fax (including area code):**

**E-mail address:**

**Postal Address of Facility:** Same as Civic Address

PO Box:

City:

Province/Territory:

Postal Code:

**Current Facility Information**

**Name of Facility:**

**Name of Owner/Operator :**

**Civic Address of Facility:**

Number and Street:

City:

Province/Territory:

Postal Code:

**Telephone (including area code):**

**Fax (including area code):**

**E-mail address:**

**Postal Address of Facility:** Same as Civic Address

PO Box:

City:

Province/Territory:

Postal Code:

**Changes effective as of (Y-M-D):**

**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 Control Method Notice is accurate and complete.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date (Y-M-D): \_\_\_\_\_