



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

Chemical Production Division

351 St. Joseph Boulevard, 19th Floor

Gatineau, QC K1A 0H3

E-mail: EC.Chrome@ec.gc.ca

Fax: 819-938-4218

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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: <input type="text"/>
Postal Address of Facility: Same as Civic Address <input type="checkbox"/>
PO Box: <input type="text"/>
City: <input type="text"/> Province/Territory: <input type="text"/> Postal Code: <input type="text"/>
Changes effective as of (Y-M-D): <input type="text"/>

Signature of Person Authorized to Sign on Behalf of the Facility (subsection 13(1))
I, _____, represent and warrant that I am duly <i>(print name of person authorized to sign on behalf of facility)</i>
authorized to bind _____ and <i>(insert name of facility)</i>
declare that the information provided in this Control Method Notice is accurate and complete.
Signature: _____ Title: <input type="text"/>
E-mail: <input type="text"/> Date (Y-M-D): <input type="text"/>