

Attachment A

Best Management Practice Certification

For the 12-month period from _____, 20__ to _____, 20__

Company Name: _____

Address: _____

RETURN TO:
Narragansett Bay Commission
Pretreatment Program
2 Ernest Street
Providence, RI 02905-5502

I, _____, as authorized representative of
_____, do hereby decree that the Narragansett Bay
Commission Best Management Practices for the Management of Waste Dental Amalgam have been
fully complied with for the past twelve month period.

I certify under penalty of law that this document and all attachments were properly prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for known violations.

Authorized Representative Signature

Date