



Department of Environmental Conservation

# Federal Amalgam Rule Certification Signature Sheet

**Instructions:**

1. Enter the Submission Number from the Dental BMP Certification form (including the version number) that you submitted online via ANR Online.
2. Enter the name, phone number, and email address of the Authorized Representative for the dental practice.
3. Print the signature sheet and have the Authorized Representative sign and date it.
4. E-Mail the completed and signed signature sheet to: **karen.knaebel@vermont.gov**

Waste Management and Prevention Division  
Vermont Department of Environmental Conservation

ANR Online Submission Number and Version (for example: #HNF-65KQ-R1ZF8, version 1)

**Certification Statement**

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(l).

*“I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative of the above named dental facility. I am authorized to sign in accordance with the requirements of § 403.12(l) on behalf of the above named dental facility, and certify under penalty of law that this document and all attachments were 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 persons directly 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 knowing violations.”*

\_\_\_\_\_  
Authorized Representative Name (Print Name)                      Phone Number                      Email Address

\_\_\_\_\_  
Authorized Representative Signature    Signature Date

**Retention Period; per § 441.50(a)(5)**

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility (or an agent or representative of the dental facility) must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

**NOTE:** To comply with this retention period requirement, the Dental Facility, should print a copy of the Dental BMP /Federal Amalgam Rule Certification form that was submitted in ANROnline, attach a copy of this signature sheet to it, and save the documents for your records as compliance with the one-time Federal reporting requirement.