



**Environmental Utilities
Wastewater Division**
1800 Booth Road
Roseville, California 95747



DENTAL OFFICE CATEGORY EXEMPTION FORM

DENTAL OFFICE DBA NAME:

LOCATION ADDRESS:

MAILING ADDRESS:

CONTACT NAME: _____ TITLE: _____

CONTACT PHONE NO.: _____

OWNER NAME(S): _____

Certification Statement

I certify under penalty of law that dental amalgam is not placed or removed except in limited circumstances. I believe that the declaration being provided regarding the amalgam practices performed at the facility is true, accurate, and complete. I am aware that there are significant penalties for presenting false information, including the possibility of fine and imprisonment for knowing violations.

NAME - AUTHORIZED REPRESENTATIVE*

SIGNATURE

OFFICIAL TITLE

DATE

* An authorized representative is (a) a president, secretary, treasurer, or vice-president in charge of a principal business function, or any other person who performs similar policy or decision-making functions, if the discharger is a corporation; (b) the manager of one or more manufacturing, production or operating facilities; (c) a general partner or proprietor if the discharger is a partnership or proprietorship, respectively; (d) a principal executive officer or director having responsibility for the overall operation of the discharging facility; (e) a representative authorized in writing by any individual designated above, if the authorization is submitted to the Director and specifies an individual or a position having responsibility for the overall operation of the facility.

FOR OFFICIAL USE ONLY	
REVIEWED BY: _____	REVIEW DATE: _____
	RECEIVED DATE: _____