ROHS COMPLIANCE DECLARATION FORM

Please complete and fax this form to the desired UniNet Regional Sales Office below, or email to rohs@uninetimaging.com

ATTENTION: (UNINET SALES REP.) _____ **DATE:** _____

UNINET CUSTOMER ID #: _____ PHONE: _____ FAX: _____ P.O. #: _____

BILLING INFORMATION

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

SHIPPING INFORMATION

COMPANY NAME _____

ATTENTION _____

SHIPPING ADDRESS _____

CITY _____

STATE OR PROVINCE _____ ZIP _____

COUNTRY _____

1. Is the presence of **Lead** greater than **0.1 wgt.** %? _____
2. Is the presence of **Cadmium** greater than **0.01 wgt.** %? _____
3. Is the presence of **Mercury** greater than **0.1 wgt.** %? _____
4. Is the presence of **Hexavalent Chromium** greater than **0.1 wgt.** %? _____
5. Is the presence of **Polybrominated Biphenyls (PBB)** greater than **0.1 wgt.** %? _____
6. Is the presence of **Polybrominated Diphenyls (PBDE)** greater than **0.1 wgt.** %? _____

If your answer is yes to any of the 6 Hazardous Substances, attach your reduction plan and timeframe.

ITEM NUMBER	QTY	DESCRIPTION

UNINET SALES & DISTRIBUTION OFFICE FAX NUMBERS

U.S. WEST COAST
Fax + 1-424-675-3400

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