



RESTRICTED SUBSTANCES MANAGEMENT STANDARD

Certification Form

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I have read the current version of the Federal-Mogul Restricted Substance Management Standard and hereby certify the following for parts supplied to Federal-Mogul (please check box that applies)

- All parts supplied to Federal-Mogul during the period covered by this certification do not contain substances designated as “prohibited” or “declarable” pursuant to the current Federal-Mogul Restricted Substances Management Standard.
- All parts supplied to Federal-Mogul during the period covered by this certification do not contain substances designated as “prohibited” or “declarable” pursuant to the current Federal-Mogul Restricted Substances Management Standard, except as listed below:

Part Number	Substance	CAS Number	Weight	Application Affected	Declarable/Prohibited

Certification: (To be signed by Authorized Representative of the Supplier)

I certify that I have authority to sign this certification on behalf of \_\_\_\_\_. I further certify that all the representations made in this certification are true and valid for parts supplied to Federal-Mogul for duration of the Supply Agreement dated [insert date of commencement] to [insert date of termination].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title