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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | SSTS – Product registration renewal verification affidavit  Subsurface Sewage Treatment System (SSTS)  *Doc Type: Affidavit* |

## **Instructions:** This form is used by manufacturers of both SSTS proprietary treatment and distribution media products seeking to renew the registration of their product for use in Minnesota at three-year intervals. This completed and properly notarized affidavit, along with the completed *Proprietary treatment (or distribution) products application for registration*, is to be submitted to Wendy Chirpich at the Minnesota Pollution Control Agency, 12 Civic Center Plaza, Suite 2165, Mankato, MN 56001. If you have any questions, please contact Wendy Chirpich at 507-344-5248 or at [Wendy.Chirpich@state.mn.us](mailto:Wendy.Chirpich@state.mn.us).

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | | certify that I represent |
|  | *(Print name of person giving affidavit)* | |  |
|  | | | and I am authorized to give this affidavit on behalf of |
| *(Print manufacturing company name)* | | |  |
|  | | |  |
| *(Print manufacturing company name)* | | |  |
| I understand that I am required to inform the Minnesota Pollution Control Agency (MPCA) of any change in my proprietary product over the previous registration. I understand that this verification is required by the MPCA because I have applied for renewal of proprietary product registration per Minn. R. 7083.4040 for SSTS treatment products and per Minn. R. 7083.4080 for SSTS distribution media products. | | | |
| I certify that | |  | |
|  | | *(Name and model of priority product)* | |

Check one:  Has not changed over the previous registration year.

Has changed over the prior registration. A full description of the changes is provided below (and attached, as needed):

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|  |
|  |
|  |
| *(Description of product changes)* |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Manufacturing company name: | | |  | | | | | | | |
| Mailing address: | |  | | | | | | | | |
| City: |  | | | | | State: |  | | Zip code: |  |
| Phone: |  | | | Fax: |  | | Email: |  | | |

Affiant/Notary signatures (You must sign this affidavit before a Notary Public)

|  |  |
| --- | --- |
|  |  |
|  | *Signature of person giving affidavit* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this: | | | | | | |
|  | day of | , | | |  |  |
|  | | | | | | |
| *Notary Public Signature* | | | | | | |
| Notary Public in and for State of: | | | |  | | |
| My commission expires: | | |  | | | |
| *(month day, year)* | | | | | | |

## (Notary Seal)