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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | SSTS – Product registration renewal verification affidavitSubsurface 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.

|  |  |  |
| --- | --- | --- |
| 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* |

|  |
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| 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)