## REPRODUCE THIS FORM ON YOUR LABORATORIES LETTERHEAD STATIONARY BEFORE SUBMITTAL

RE:	FSPMA Specification Number:	
	Manufacturer's Name:	
	Product Name:	
This p	product is being submitted for: □certification	☐re-certification ☐confirmation
Mana perso	se accept this letter as our formal certification agement Association, Inc., that the above spe on in charge of quality control or the chemist in act does now and will continue to conform to a sions.	cification has been reviewed by the n charge of formulation, and the above
Since	erely,	
	dent	_
Name	<b>:</b>	_
Title:		_
	Manufacturer's Chemist or Quality Control	Official
Witne	ess my hand and official seal in the County ofthisday of	and the State
Notar	y Public, State of	My Commission Expires
At Large		Date
Produ	uct manufactured by:	
Addre	ess:	
Telep	hone Number:  Attach All Test Results an	(800) d Forward To:

Dr. Alberto Velazquez Miami-Dade County Public Schools Materials Testing and Evaluation Laboratory 7040 West Flagler Street Miami, Fl 33144

FORM B – Manufacturer's Chemical Certification: Revised October, 2007 To be filled out by Manufacturer - Please type or print clearly.