



EWG VERIFIED™ CLEANERS FIFRA AFFIDAVIT

1. My name is _____. I am the _____ (title) of _____ (company). I am capable of and have the authority to make this affidavit and am personally acquainted with the facts stated herein.
2. This affidavit is submitted as part of company's EWG VERIFIED™ application for its product named _____ (hereinafter "Product").
3. I understand that in determining whether Product meets the EWG VERIFIED™ criteria, EWG must confirm whether Product is subject to regulation under the Federal Insecticide, Fungicide, and Rodenticide Act (hereinafter "FIFRA"), 7 U.S.C. §136 *et seq.*, and state laws governing pesticide products.
4. To the best of my knowledge the answers to the questions below on the applicability of FIFRA are true and accurate:
 - a. Does the Product make any claims that the Environmental Protection Agency would consider to be pesticidal in nature?
 NO YES EXEMPT
 - b. If YES, is Product registered or conditionally registered under FIFRA?
 NO YES
 - c. If YES, does Product's label comply with FIFRA?
 NO YES
 - d. If Product is EXEMPT, does Product meet all conditions for the exemption in 40 CFR § 152.25?
 NO YES

5. To the best of my knowledge the answers to the questions below on the applicability of state pesticide laws are true and accurate:

a. Is Product required to be registered under a state or multiple states' pesticide laws?

___ NO ___ YES

b. If YES, does Product comply with all applicable state registration requirements?

___ NO ___ YES

6. I hereby declare, to the best of my knowledge and belief, the foregoing information is true, correct, and complete with respect to the Product listed herein seeking to use the EWG VERIFIED™ mark under license.

Name

Date

STATE OF _____)
COUNTY OF _____)

Before me, the above-signed authority, personally appeared _____ (name), who being by me duly sworn deposed the foregoing Affidavit. On this _____ day of _____,

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this _____ day of _____ (month), _____ (year).

Notary Public

My Commission Expires:
_____ (date)