**\*\*\* By signing this document you are representing that you are authorized to make claims on behalf of your company in regards to Proposition 65, and that such claims can be relied upon \*\*\***

**Company Name:**

**DECLARATION OF Proposition 65 COMPLIANCE**

**Prop 65 Compliance Statement**

|  |  |
| --- | --- |
| California Proposition 65 List version Date\* | *December 29, 2023* |

**\*** [*Proposition 65 list*](https://oehha.ca.gov/proposition-65/proposition-65-list/) *include all substance names that were included up to that date of inclusion listed above.*

To whom it may concern,

We hereby send you information related to California’s Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65).

In accordance with the requirements defined in the regulation, this communication applies to the below-referenced Product(s) included with this declaration. Each Product is deemed to contain one or more of the above-referenced above the noted threshold, unless they are listed under “compliant parts” section below indicating they do not contain any of the listed substances above the noted threshold.

**Compliant Prop 65 Parts List**

|  |
| --- |
| **Part Number(s)** |
|  |
|  |
|  |

**Non-Compliant Prop 65 Parts List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Part Number(s)** | **Substance Name** | **CAS Number** | **Concentration %** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Limitations**

[*Customer name*] believes that the information it provides above is accurate. The provided information is based upon data obtained from ongoing due diligence concerning goods and materials provided by third party suppliers. [*Customer name*] provides such information “AS IS”, without any express or implied warranty of any kind. [*Customer name*] reserves the right to update and modify this communication, as it believes necessary or appropriate.

Please do not hesitate to ask for further information. [include contact details/instructions on how to ask for additional information].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name:** |  |  | **Signed:** |  |
| **Title:** |  |  | **Date:** |  |
| **Email:** |  |  |  |  |
| **Address:** |  |  |  |  |