



12400 PLAZA DRIVE, PARMA, OH 44130 -1057
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RESTRICTED SUBSTANCES MANAGEMENT STANDARD

Certification Form

Supplier Name: _____

Supplier Address: _____

Supplier Contact Name: _____

Phone Number: _____

E-mail address: _____

I have read the current version of the Paulin Industries, Inc "Restricted Substance Management Standard" and hereby certify the following for parts supplied to Paulin Industries, Inc (please check box that applies)

- All parts supplied to Paulin Industries, Inc during the period covered by this certification do not contain substances designated as "prohibited" or "declarable" pursuant to the current Federal-Mogul Restricted Substances Management Standard.
- All parts supplied to Paulin Industries, Inc during the period covered by this certification do not contain substances designated as "prohibited" or "declarable" pursuant to the current Paulin Industries, Inc Restricted Substances Management Standard, except as listed below:

Part Number	Substance	CAS Number	Weight	Application Affected	Declarable Prohibited
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Certification: (To be signed by Authorized Representative of the Supplier)

I certify that I have authority to sign this certification on behalf of _____
 I further certify that all the representations made in this certification are true and valid for parts supplied to Federal-Mogul for duration of the Supply Agreement dated:

From: _____ to: _____
 Insert date of commencement] [insert date of termination].

Signature: _____

Printed Name: _____

Date: _____

Title: _____