**BPI Statement of No Intentionally Added Organic Fluorinated Chemicals**

The BPI Commercial Compostability Certification Scheme states that organic fluorinated chemicals, such as perfluorinated and polyfluorinated substances, cannot be present in certified items. This is demonstrated with three criteria: 1) The product formula must not have fluorinated chemicals — as evidenced by safety data sheets for all ingredients; 2) Test results from a [BPI-approved lab](https://bpiworld.org/BPI-Approved-Labs) showing a maximum of 100ppm total fluorine (unless demonstrated to be from naturally occurring fluorine); and 3) The statement below of no intentionally added fluorinated chemicals, signed by the manufacturer.

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| **Applicant Company Name:** |  |
| **Applicant Contact Person Name:** |  |
| **Applicant Contact Person Title:** |  |
| **Applicant Contact Person Email:** |  |
| **Applicant Contact Person Phone:** |  |
| **BPI Certificate Number:**  *(If NEW APPLICATION, indicate that in the space provided)* | New Application: Provide the Product Description from Associated Application |
| **Manufacturer Company Name:** |  |
| **Manufacturer Contact Person:** |  |
| **Manufacturer Contact Person Email:** |  |
| **Manufacturer Contact Person Phone:** |  |

Check box to confirm all of the below:

* The product formulation does NOT contain intentionally added fluorinated chemicals.
* The product formulation tested for total fluorine is identical to the products that will be marketed as BPI-Certified.
* NO fluorinated chemicals are used in or on equipment that is coming into contact with these products (e.g., used in mold release agents).
* The entire manufacturing line for these products is dedicated to “no fluorinated chemicals” OR, if not dedicated, it is standard operating procedure to replace the process water and clean out tanks, etc. and written documentation of this process can be provided upon request.

NOTE: Violation of this policy will result in being removed from BPI’s certification program indefinitely.

By signing below, I acknowledge that all information is correct and complete to the best of my knowledge.

# Date:

**Manufacturer Contact’s Printed Name*:***

# Manufacturer Contact’s Signature*/*Stamp: