

## California Department of Fish and Wildlife

## **Nonlead Certification Suggested Application**

Certification for (check all that	t apply):	Ammunition	Projectiles	Both
Certification Type (check one) If Private was chec information posted	ked, do yo	u want your prod		<b>et</b>
Manufacturer C Please enter the mailing ac			n for the manuf	acturer:
Manufacturer Name:				
(Mailing Address) Street:				
Phone Number:				
Contact Person:				
I certify that all of the inform accurate to the best of my k	nation subr	nitted in this app		
Printed Name			Title	
Signature			Date	

Send your completed application, including color digital photos to: NonLeadCertification@wildlife.ca.gov



Manufacturer Name:	
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## California Department of Fish and Wildlife Nonlead Certification Suggested Application: Ammunition

Manufacturer Ammunition/Cartridge Information

Please provide the following information relative to your product(s):

Product Information			Projectile Information			5	
Cartridge Designation	Caliber	Product Trade Name or Marketing Line (if established)	Product or Catalog Number (SKUs or UPCs are acceptable)	Weight in Grains of the Projectile	Composition of Projectile	% Content of Lead by Weight of Projectile	Detailed Unique Identifying Characteristics of the Projectile, and any Unique Identifying Characteristics of the Cartridge

I certify that all of the information submitted in this application is true and accurate to the bes knowledge.				
Printed Name	Title			
Signature	Date			



## California Department of Fish and Wildlife Nonlead Certification Suggested Application: Projectiles

Manufacturer Projectile Information

Please provide the following information relative to your product(s):

Projectile Trade Name or Marketing Line (if established)	Catalog Number	Caliber	Weight in Grains of the Projectile	Composition of Projectile	% Content of Lead by Weight of Projectile	Detailed Unique Identifying Characteristics
l certi	fy that all of the in	formation submit	ted in this applicat	ion is true and acc	urate to the best o	f my knowledge.
Printed I	Name		Title			
Signature			 Date			