(Your Company Logo)

California Proposition 65 STATEMENT

Company Name: Company Address:			<u> </u>
Contact Person: E-mail: Telephone:			
	el Number: (Please list the rele and write; All products supp	levant part numbers that are s plied to LINAK	supplied to LINAK,
	Part Number	Part Name	
Proposition 65. Proposition 65 (Safe Direquires businesses to ror other reproductive have expose an individual to reproductive toxicity w	rinking Water and Toxic Enfo notify Californians about signs arm. The law requires that no	•	alifornian law that ancer or birth defects ringly and intentionally
The compliance status	of the product is confirmed by	y the sections below:	
•	enced above <u>DO NOT CONT</u>	AIN any of the listed substan	ces from the
California Proposition	65 list. The product(s) MAY	uated for the presence of any solution of the presence of any solution is selected if this option is selected.	stances, as provided in

Part Name	LINAK Part Number	Chemical	CAS No.	Date listed	Type of Toxicity

By signing this document, I confirm that I am authorized to make claims on behalf of the company, and that the information within the document is accurate to the best of our knowledge.

Yours sincerely		
Authorized Signature:		
Name:		
Title:	Date:	