

## Attachment 10

### Manufacturer’s Affidavit of Recycled Content\*

*Topical information regarding additional products should be entered on separate sheets and attached to this affidavit*

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_ of \_\_\_\_\_, being duly sworn, depose and say that the product(s) listed below **will be/are** manufactured to contain **not less than the stated percentages of recycled content**.

1. Indicate in the respective column the percentage(s) of secondary materials generated from the waste stream in NYS that will be utilized in the manufacture of any of the above products furnished to NYS.

PRODUCT	BRAND NAME	TOTAL RECYCLED CONTENT	POST CONSUMER CONTENT	SECONDARY MATERIAL FROM NYS WASTE STREAM
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%

2. Do the values listed MEET or EXCEED any stated NYS Technical Specifications:

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. If you answered NO in #2 is it because the requirement exceeds the necessary material availability?

\_\_\_\_\_ Yes\*\* \_\_\_\_\_ No

4. If you answered NO in #2, is it because using the stated required minimum amounts of recycled material in the manufacturing process would result in the item not having all of the proper physical requirements necessary for safe and proper use?

\_\_\_\_\_ Yes \_\_\_\_\_ No\*\*

\*Information supplied pertains to the required minimum recycled content for the various materials as listed in the Invitation for Bids.

\*\*Submit additional explanation and/or supporting documentation on a separate sheet

It is agreed that representatives of the New York State Office of General Services, Procurement Services shall have access to purchase and production records at any time during working hours for the purpose of verifying the actual percentage and use of recycled materials in the above product(s) furnished to New York State.

MANUFACTURER'S COMPANY NAME	
ADDRESS	

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED MANUFACTURER'S REPRESENTATIVE

\_\_\_\_\_  
OFFICIAL TITLE

\_\_\_\_\_  
PRINTED OR TYPED COPY OF SIGNATURE

\_\_\_\_\_  
DATE

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

MANUFACTURERS SHOULD SUBMIT UPDATED INFORMATION AS NEEDED. THIS AFFIDAVIT SHALL REMAIN IN EFFECT FOR A PERIOD OF FIVE YEARS UNLESS REVISED OR WITHDRAWN BY THE CERTIFYING MANUFACTURER. RECERTIFICATION MAY REQUESTED BY THE STATE AT ANY TIME