


# UNITED STATES - MEXICO - CANADA AGREEMENT (USMCA/CUSMA)

## Producer Certification of Origin

1a. EXPORTER NAME, ADDRESS, TELEPHONE AND EMAIL  TAX IDENTIFICATION NUMBER:	BLANKET PERIOD  FROM (mm/dd/yyyy) 01/01/2023  TO (mm/dd/yyyy) 12/31/2023		
1b. PRODUCER NAME, ADDRESS, TELEPHONE AND EMAIL  Genesis Alkali Wyoming, LP PO Box 872 - 580 Westvaco Road Green River, WY 82935  TAX IDENTIFICATION NUMBER: 36-3258060	1c. IMPORTER NAME, ADDRESS, TELEPHONE AND EMAIL  Various  TAX IDENTIFICATION NUMBER:		
DESCRIPTION OF GOOD(S)	HS TARIFF CLASSIFICATION	ORIGIN CRITERION	COUNTRY OF ORIGIN
Sodium hydroxide (caustic soda) in aqueous solution	2815.12	A	USA

I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification.

 11/01/2022 2a. CERTIFIER SIGNATURE and DATE (mm/dd/yyyy)	Genesis Alkali, LLC.  2b. COMPANY
2c. CERTIFIER NAME AND ADDRESS Michael Kemmerer 1735 Market Street - Philadelphia, PA 19103 USA	2d. TITLE AND (EXPORTER/PRODUCER/IMPORTER) Regulatory and QA Manager: Producer
2e. TELEPHONE NUMBER +1 (215) 845-4502	2f. EMAIL <a href="mailto:Michael.Kemmerer@genlp.com">Michael.Kemmerer@genlp.com</a>

**MINIMUM DATA ELEMENTS**

A certification of origin that is the basis for a claim for preferential tariff treatment under this Agreement shall include the following elements:

1. **Importer, Exporter, or Producer Certification of Origin** Indicate whether the certifier is the exporter, producer, or importer in accordance with Article 5.2 (Claims for Preferential Tariff Treatment).
  2. **Certifier** Provide the certifier's name, title, address (including country), telephone number, and email address.
  3. **Exporter** Provide the exporter's name, address (including country), e-mail address, and telephone number if different from the certifier. This information is not required if the producer is completing the certification of origin and does not know the identity of the exporter. The address of the exporter shall be the place of export of the good in a Party's territory.
  4. **Producer** Provide the producer's name, address (including country), e-mail address, and telephone number, if different from the certifier or exporter or, if there are multiple producers, state "Various" or provide a list of producers. A person that wishes for this information to remain confidential may state "Available upon request by the importing authorities". The address of a producer shall be the place of production of the good in a Party's territory.
  5. **Importer** Provide, if known, the importer's name, address, e-mail address, and telephone number. The address of the importer shall be in a Party's territory.
  6. **Description and HS Tariff Classification of the Good** (a) Provide a description of the good and the HS tariff classification of the good to the 6-digit level. The description should be sufficient to relate it to the good covered by the certification; and 5-A-2 (b) If the certification of origin covers a single shipment of a good, indicate, if known, the invoice number related to the exportation.
  7. **Origin Criteria** Specify the origin criteria under which the good qualifies, as set out in Article 4.2 (Originating Goods).
  8. **Blanket Period** Include the period if the certification covers multiple shipments of identical goods for a specified period of up to 12 months as set out in Article 5.2 (Claims for Preferential Tariff Treatment).
  9. **Authorized Signature and Date** The certification must be signed and dated by the certifier and accompanied by the following statement: I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification.
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