



Municipal Electronics Collection Registration

This registration is for the collection of covered devices which include desktop computers, laptop computers, computer monitors, computer peripherals and televisions. A collection registered under this registration is not eligible for reimbursement of any costs under Act 190 of 1996 (The Small Business and Household Pollution Prevention Program Act).

1. Registrant name: _____
 Address: _____

 City: _____ State: __ Zip: _____
 Lead contact person: _____ Title: _____
 Phone number: (____) _____ Fax number: (____) _____
 Email address: _____

2. Time Period of Registration: _____ From: _____ To: _____
 The time period may be no greater than five years at which point the collection must be re-registered. For one day collections, enter the single date into "From." For multiple one day collections, enter the dates below.
 Multiple one-day collections - _____

3. Designate the certified recycling facility used for managing or recycling covered devices.
 Name of facility: _____
 Address: _____

 City: _____ State: __ Zip: _____
 Lead contact person: _____ Title: _____
 Phone number: (____) _____ Email: _____
 Facilities that manage or recycle covered devices that are gathered from consumers through any electronics collection program in Pennsylvania must have achieved and maintained one of the following certifications: R2 (Responsible Recycling Practices Standard) Certification; e-Stewards Certification, or; an internationally accredited third-party environmental management standard for the safe and responsible handling of covered devices. On the line below, please write in the certification or certifications the recycler has obtained.

4. Hauler name: _____
 Address: _____

 City: _____ State: __ Zip: _____
 Contact person: _____ Title: _____
 Phone number: (____) _____ Email: _____

5. Collection Site Name: _____
Address: _____ _____
City: _____ State: __ Zip: _____
Contact person: _____ Title: _____
Phone number: (____) _____ Email: _____

Attach additional sheets as necessary if there are additional collection sites.

AFFIDAVIT	
COMMONWEALTH OF PENNSYLVANIA	
COUNTY OF _____	
I, _____,	_____
<small>Name</small>	<small>Title</small>
Applicant and that the information included in the Application and Documents submitted as a part of the Application are true and correct to the best of my knowledge and belief. I understand that the submission of an Application, which I know to be forged, altered or otherwise lacking in authenticity, with the intent to mislead a public servant in performance of his official function, is an action punishable by law (18 Pa. C.S.A. §4904).	
APPLICATION SUBMITTED THIS _____ DAY OF _____, 20_____.	
_____ Signature	
_____ Printed Name	
Electronic Signature – Place "X" in box below.	
<input type="checkbox"/> I hereby accept the terms described above.	

If you have questions regarding the completion of this registration form, please call 717-787-7382.

Registration forms or changes to the Registration shall be submitted electronically to ra-epwaste@state.pa.us or by mail to:

Pennsylvania Department of Environmental Protection
Bureau of Waste Management
Division of Waste Minimization and Planning
PO Box 8472
Harrisburg, PA 17105-8472