

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF WASTE MANAGEMENT

## 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: \_\_\_\_\_  
 Are you being charged fees for your event?  Yes  No  
 Is your event for your municipal residents only?  Yes  No

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, \_\_\_\_\_, \_\_\_\_\_, state that I am an Official of the  
Name Title

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.

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](mailto: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