



**ELECTRONIC WASTE REGISTRATION FORM
FOR COLLECTORS AND RECYCLERS**

Please indicate if you are registering as a Collector or Recycler of Covered Electronic Products:

- Collector of Covered Electronic Products
 Recycler of Covered Electronic Products

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL LOCATIONS OF ALL COLLECTION/RECYCLING FACILITIES

(Please attach additional pages, if necessary):

1. _____
2. _____
3. _____

PRIMARY CONTACT: _____

PHONE: (____)____-____ Extension: _____ E-MAIL _____

CERTIFICATION

I, _____, hereby certify that the information in this registration is true to the best of my knowledge and as a collector/recycler have complied with and will continue to comply with the requirements of RI General Laws 23-24.10 and all regulations promulgated by the Department and/or the Rhode Island Resource Recovery Corporation.

Signature

Date

Title

This registration is effective upon receipt by the Department and is valid until December 31st of each year. Registration shall be submitted annually to the RIDEM-Office of Waste Management, 235 Promenade Street, Providence, Rhode Island 02908.