**DE MINIMIS WORKSHEET**

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| **De Minimis Worksheet for Calendar Year 2017:**  January 1, 2017 – December 31, 2017 | **Registration Due Date: December 31, 2016** |

Manufacturers that sold fewer than 100 units of Covered Electronic Equipment (CEE) in the District in calendar year 2015 should complete this **de minimis worksheet.**

For further guidance on completing this worksheet, please visit [**doee.dc.gov/ecycle**](http://www.doee.dc.gov/ecycle).

This form should be completed electronically and emailed, preferably in Word, to [productstewardship@dc.gov](mailto:productstewardship@dc.gov) by December 31, 2016.

Please email [productstewardship@dc.gov](mailto:productstewardship@dc.gov) with any questions.

Note: Manufacturers that sold 100 or more units of CEE in the District in calendar year 2015 should complete a registration form, available at [doee.dc.gov/ecycle](http://www.doee.dc.gov/ecycle).

*Rev 11.18.16*

**SECTION 1**

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| --- | --- | --- |
| **Manufacturer Information** | | |
| Manufacturer Name | Website | Telephone |
| Mailing Address | | |

**SECTION 2**

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| --- | --- |
| **Contact Information** | |
| Primary Contact Person | |
| Name | Title |
| Email | Telephone |
| Mailing Address | |

**SECTION 3**

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| **Brand Information:** List the brands sold in the District  *Please see* [*doee.dc.gov/ecycle*](http://www.doee.dc.gov/ecycle)*for instructions on how to classify CEE by type. If a brand covers more than one type of CEE, please list each type of CEE. If needed, please attach additional sheets.* | |
| **Brand Name** | **Type of CEE**  *(computer, computer peripheral, TV, and/or TV peripheral)* |
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**SECTION 4**

Manufacturers may report sales of CEE in the District by using actual District sales data (Option 1) or estimating District sales from national sales data (Option 2). Manufacturers should use either Option 1 or Option 2.

Which option is used to complete Section 4 (select one by marking with an “X”):

      Option 1 (Actual District Sales Data)

      Option 2 (District Sales Estimated from National Sales Data)

**Option 1- Actual District Sales Data**

Report actual District sales data. If unavailable, use option 2.

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| **2015 Sales:** Report sales for calendar year 2015 | |
| **Type of CEE** | **Number of Units Sold in the District** |
| Computers |  |
| Computer Peripherals |  |
| Televisions |  |
| Television Peripherals |  |
| **Actual District Sales Total** | 0 |

**Option 2- District Sales Estimated from National Sales**

Estimate District sales from national sales data.

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| --- | --- |
| **2015 Sales:** Report sales for calendar year 2015 | |
| **Type of CEE** | **Number of Units Sold Nationally** |
| Computers |  |
| Computer Peripherals |  |
| Televisions |  |
| Television Peripherals |  |
| **National Total** | 0 |
| **Estimated District Sales Total**  National Total from above multiplied by 0.21% (0.0021), which was the District’s percentage of the national population in 2015 | 0.0 |

**SECTION 5**

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| **Certification** | |
| I certify under penalty of law that this de minimus worksheet form was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for fraudulently submitting information, including the possibility of fine and imprisonment.  You may assert a confidential information claim covering sales data (units sold) that you provide. Indicate this by choosing the “Yes” option below. If the “Yes” option is chosen, the Department will maintain this data as being exempt from disclosure under the District of Columbia’s Freedom of Information Act. See D.C. Official Code § 2-534(a)(1). If the “No” option is chosen, the Department will maintain the data as public information.  Select one (select by marking with an “X”):        Yes        No  By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.  Date: | |
| Name (This is your electronic signature) | Title |
| Email | Telephone |