**MANUFACTURER PARTNERSHIP**

**REGISTRATION FORM PART 1**

Partnership Information

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

This is **Part 1** of the registration form for manufacturers of Covered Electronic Equipment (CEE) registering as a **manufacturer partnership**. Partnerships should submit one **Part 1** form. Each manufacturer in a partnership should complete a separate **Part 2**. Manufacturers can complete the Part 2 form available at [doee.dc.gov/ecycle](http://www.doee.dc.gov/ecycle) or online at [ecycleregistration.org](http://www.ecycleregistration.org/) (preferred method).

The partnership, as a collective, is responsible for meeting the sum of the minimum collection share of each individual manufacturer in the partnership.

For further guidance on completing this form, 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 by December 31, 2016.

The registration fee will be invoiced after the registration is approved by DOEE. The registration fee for partnerships is the sum of each manufacturer’s individual registration fee or $17,500, whichever is less.

Please email productstewardship@dc.gov with any questions.

Note: The use of the term “partnership” is limited to how the term is used in D.C. Official Code §§ 8-1041.01 to 8-1041.12 and implementing regulations. The use of “partnership” does not relate to the term found elsewhere in District law or regulation.

*Rev 11.18.16*

**SECTION 1**

|  |
| --- |
| **Partnership Contact Information** |
| Primary Contact Person for the Partnership |
| Name      | Title      |
| Email      | Telephone      |
| Mailing Address      |
| Billing Contact Person for the Partnership This person will be sent an electronic invoice for the registration fee after the registration is approved by DOEE. |
| Name      | Title      |
| Email      | Telephone      |
| Mailing Address      |

**SECTION 2**

|  |
| --- |
| **Manufacturer Information**List every manufacturer in the partnership. If needed, attach more sheets. Each manufacturer needs to complete Part 2 of the registration form individually.  |
| Manufacturer Name | Contact Person | Telephone  | Email |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**SECTION 3**

|  |
| --- |
| **Total Minimum Collection Target Subject to Shortfall Fees for Partnership**List every manufacturer’s minimum collection share from form Part 2, Section 4.  |
| Manufacturer Name | Minimum Collection Target Subject to Shortfall Fee | Manufacturer Name | Minimum Collection Target Subject to Shortfall Fee |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| **Partnership’s Total Minimum Collection Target Subject to Shorfall Fee for CY 2017**Sum of minimum collection targets subject to shortfall fees from above. |       |

**SECTION 4**

|  |
| --- |
| **Recycling Plan for Calendar Year 2017**Include as much detail as currently available. You may also attach a separate document that covers all elements of the recycling plan.  |
| Describe the partnership’s recycling plan for Calendar Year 2017. Include information on how CEE will be collected, handled, and recycled or reused, such as names and business addresses of anticipated collectors and recyclers, and the methods used to handle and process CEE (including CRTs). All recyclers must be either R2 or e-Stewards certified.      |
| Describe anticipated end markets for raw materials or products created by the recycling of collected CEE (including CRTs).       |
| Describe the convenient methods by which a District resident will be able to return CEE in Calendar Year 2017, such as if the partnership will utilize mail back programs, permanent drop off locations, retail drop offs, direct pickups, and/or one day events. If known, list relevant locations, dates, and times. (Note: a list of possible locations for one day events is available at [doee.dc.gov/ecycle](http://www.doee.dc.gov/ecycle).)       |
| Describe the methods the partnerships will use to inform District residents and businesses about its electronics recycling program in Calendar Year 2017, such as maintaining a website and/or toll free number. DOEE may also post this information on the eCYCLE DC webpage.      |

**SECTION 5**

|  |
| --- |
| **Certification** |
| The collection, handling, and recycling or reuse of CEE, as described in Section 4 of this registration form, will comply with local, state, federal, and international laws and regulations. Select one (select by marking with an “X”):      True      False |
| The vendors who will recycle or reuse CEE collected under the recycling plan, as described in Section 4 of this registration form, will have a valid R2 or e-Stewards certification.Select one (select by marking with an “X”):      True      False |
| I certify under penalty of law that this registration 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 and weights) and recycler processes/end markets reported under D.C. Official Code § 8-1041.03(b)(3)(F) and § 8-1041.03(b)(4) 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      NoBy 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      |