**REPRESENTATIVE ORGANIZATION**

**REGISTRATION FORM PART 1**

Representative Organization 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 **representative organization**. Representative organizations should submit one **Part 1** form. Each manufacturer in a representative organization should complete a separate **Part 2**. Both the single **Part 1** and multiple **Part 2** forms should be submitted together.

Representative organizations are responsible for establishing a convenient and equitable collection system for CEE, with at least one permanent publicly accessible collection site in each of the District’s eight wards. If no feasible permanent location exists in a ward, the representative organizations must hold quarterly collection events in the ward.

For further guidance on completing this registration, 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. Both the single **Part 1** and multiple **Part 2** forms should be submitted together.

The registration fee will be invoiced after the registration is approved by DOEE. The registration fee for a representative organization is $10,000.

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

*Rev 11.18.16*

**SECTION 1**

|  |  |
| --- | --- |
| **Representative Organization Contact Information** | |
| Primary Contact Person for the Representative Organization | |
| Name | Title |
| Email | Telephone |
| Mailing Address | |
| Billing Contact Person for the Representative Organization- 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 representative organization. If needed, attach more sheets. | | | |
| Manufacturer Name | Contact Person | Telephone | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 3**

|  |
| --- |
| **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. |
| Please provide a description of the convenient and equitable collection system that will be established in 2017 by the representative organization. This includes the collection sites at which the representative organization will ensure continuous service of one permanent publicly accessible collection site in each ward, or if no feasible location exists in a ward, quarterly collection events held in the ward. These sites or collection events shall accept CEE brought to the sites or events by households, small nonprofits, and small businesses free of charge. |
| Please provide a description of the public outreach the representative organization will perform to ensure District residents and businesses are aware of the availability and location of collection sites and events. Include information such as maintaining a website and/or toll free number. DOEE may also post this information on the eCYCLE DC webpage. |
| Please provide a description of how the representative organization will allocate responsibility across member manufactures to ensure compliance. |
| Describe the representative organization’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). |

**SECTION 4**

|  |  |
| --- | --- |
| **Certification** | |
| The collection, handling, and recycling or reuse of CEE, as described in Section 3 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 3 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        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 |