

New Jersey Department of Environmental Protection
Division of Sustainable Waste Management
Bureau of Recycling and Hazardous Waste Management
P.O. Box 420, Mail Code 401-02C
Trenton, New Jersey 08625-0420
(p) 609.984.3438 (f) 609.292.1028
<http://www.nj.gov/dep/dshw/ewaste/index.html>

New Jersey Electronics Manufacturer Group Designation Form

Last Updated June 2025

This form must be completed in its entirety by electronics manufacturers participating in a group collection plan, **at least 20 days prior** to the collection plan submission deadline. The Group Designation Form should be submitted via email to ecycle@dep.nj.gov.

Section I: Provide the Group Plan Administrator's contact information. The group must specify a single point of contact (an authorized agent) with whom the Department will address all communication. It is the agent's responsibility to disseminate any communication to group members.

Section II: A responsible corporate official must sign the certification for each manufacturer identified as a group plan participant.

Section III: The Group Plan Administrator's authorized representative must sign the certification. Signatory requirements must be followed (N.J.A.C. 7:26J-1.4).

Rule Text: https://dep.nj.gov/wp-content/uploads/rules/rules/njac7_26j.pdf

Contact: E-waste Unit at ecycle@dep.nj.gov

Section I: GROUP INFORMATION

Group Plan Administrator (GPA):	GPA Authorized Agent Name and Title:
Program Year:	Group Website:
Phone Number:	Email:
Street Address:	City:
State:	Zip Code:

Section II: GROUP MEMBERSHIP & CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I authorize the individual identified in Section I to act as my authorized agent/representative in all matters pertaining to the submittal of collection plans, registrations and registration renewals, and semiannual reports.

	Manufacturer	PI#	Estimated-Market-Share-in-Weight (pounds)	Manufacturer's Responsible Corporate Official	Manufacturer's Responsible Corporate Official Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	TOTAL Group Obligation in Pounds				

Section III: GPA AGENT CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name _____
(print)

Title _____
(print)

Signature _____

Date: ____/____/____
Month Day Year