

**New Jersey Department of Environmental Protection**  
Solid and Hazardous Waste Management Program  
Bureau of Recycling and Planning  
P.O. Box 420  
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Trenton, New Jersey 08625  
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(f) 609.633.1112  
[www.recyclenj.org](http://www.recyclenj.org)

## **New Jersey Electronics Manufacturer Group Designation Form**

3/31/2011

This form is to be used by electronics manufacturers participating as a group to submit an electronic waste collection plan and annual report in accordance with N.J.S.A. 13:1E-99. et seq. This form should be submitted to the address above at least 30 days prior to the submittal of a group collection plan.

For more information, please visit the New Jersey Department of Environmental Protection's electronic waste recycling web page at  
[http://www.state.nj.us/dep/dshw/recycling/Electronic\\_Waste/index.html](http://www.state.nj.us/dep/dshw/recycling/Electronic_Waste/index.html)

Provide the group's contact information in Section I. The group must specify a single point of contact (an agent) with whom the Department will address all communication. It is the agent's responsibility to disseminate any communication to group members. Individual manufacturers must be identified in Section II and provide a signature to the certification printed in Section II. The agent identified in Section I must sign the certification in Section III.

<b>Section I: GROUP INFORMATION</b>	
<b>Group Name:</b>	<b>Agent Name and Title:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>City:</b>
<b>Zip:</b>	<b>State:</b>

**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 1 to act as my agent/representative in all matters pertaining to the submittal of collection plans and annual reports.

<b>Manufacturer Name</b>	<b>Program Interest Number</b>	<b>Manufacturer Representative</b>	<b>Certification Signature</b>

**Section III: 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