



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 AIR, ENERGY, AND MATERIALS SUSTAINABILITY
 BUREAU OF RECYCLING & HAZARDOUS WASTE MANAGEMENT
 401 East State Street
 P.O. Box 420, Mail Code 401-02C
 Trenton, New Jersey 08625-0420
 Tel (609) 984-3438 | Fax (609) 777-1951/984-0565
www.nj.gov/dep/dshw/recycling

Electronics Authorized Recycler Registration Form

Last Updated 12/05/22

Registration is required for authorized recyclers that accept covered electronic devices from a consumer in the state of NJ. Class D Recycling Centers operating in accordance with a General Approval issued by the Department pursuant to the provisions of N.J.A.C. 7:26A-3.1 are exempt from the registration requirements.

Pursuant to P.L. 2016, c.87 (C.13:1E-99.105b), a registration fee of \$15,000.00 must be submitted with this registration form to the address listed above. Initial fee(s) for first time registrants shall be paid via check or money order payable to "Treasurer, State of New Jersey". Any authorized recycler that fails to register and pay the fee required pursuant to this section, or otherwise comply with the provisions of P.L.2007, c.347 (C.13:1E-99.94 et seq.), may not participate in any manufacturer's plan pursuant to section 10 of P.L.2007,c.347 (C.13:1E-99.103), or in the Statewide standard program established pursuant to Section 6 of P.L.2016,c.87(C.13:1E-99.105a) for the collection, transportation, and recycling of covered electronic devices.

AUTHORIZED RECYCLER INFORMATION	
Company Name:	Phone Number:
Contact Name and Title:	Email Address:
Street Address:	Website:
City:	State:
Zip:	Country:
BILLING ADDRESS (if different than mailing address)	
Street Address:	
City:	State:
Zip:	Country:

REGISTRATION INFORMATION
DATE of APPLICATION:
PROGRAM YEAR:
<i>Please use the below lines to list entities on whose behalf you are recycling covered electronic devices from consumers in the state of NJ</i>
MANUFACTURER/S:
GROUP PLAN ADMINISTRATOR/S:
AUTHORIZED RECYCLER/S:

(OVER)

Certification (Attach current documentation of one or more of the following)

R2

eSteward

Other

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