

New Jersey Department of Environmental ProtectionDivision of Sustainable Waste Management

RECYCLED CONTENT MANUFACTURER REGISTRATION FORM

SECTION A. MANUFACTURER INFORM	ATION			
Manufacturer Name (company name):				
Federal Tax ID:				
SECTION B. CONTACT INFORMATION				
Business Name:				
First Name of Contact:	Last Name of Contact:			
Title:				
Phone Number:	Ext.:	Fax:		
Mailing Address:				
		Zip Code:		
Email Address:				
SECTION C. FEE BILLING CONTACT PE	ERSON			
Check here if the Eee Rilling Contact int	formation is the same as the C	Contact information above (then skip to question 1).		
		,		
First Name of Contact:	Last Name of Contact:			
Title:				
Phone Number:	Ext.:	Fax:		
Mailing Address:				
Municipality:	State:	Zip Code:		
Email Address:				
Fee Exemption Criteria:				
Check 'Yes' or 'No' to indicate if manufacture N.J.S.A. 13:1E-99.135-157.	rer will be claiming a registrati	ion fee exemption pursuant to Section 13 of		
1. In the previous calendar year, was less	than \$5 million in gross reven	nue generated? Yes No		
If " Yes ", submit with this form, the busin equivalent tax document demonstrating				
2. Does the manufacturer generate only e to Section 10 of N.J.S.A. 13:1E-99.135		Yes No		

SECTION D. COVERED PRODUCTS						
Check 'Yes' or 'No' to indicate whether manufacturer produces or generates products in a covered product category or if exempt products are generated by the manufacturer.						
	Rigid Plastic Container		Yes	□No		
	Plastic Beverage Container		Yes	□ No		
	Glass Container		🗌 Yes	□ No		
	Paper Carryout Bag		Yes	□No		
	Plastic Carryout Bag		Yes	□ No		
	Plastic Trash Bag		Yes	□ No		
	Temporarily/Permanently Exempt Products		Yes	□ No		
	gal Name of the Designated Representative:					
	Number:		Fax:			
Mailing	Address:					
City/To	wn:	State:	Zip	Zip Code:		
Email A	Address:					
This certification shall be signed by the designated representative in accordance with N.J.S.A. 13:1E-99.135-157.						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments thereto, 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 willfully submitting false information, including the possibility of fines and enforcement action by the New Jersey Department of Environmental Protection.						
Signature:			Date:			
Name/	Γitle:					