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| New mm Logo for Forms | E-waste recycler certification formMinnesota Electronics Recycling Act ProgramDoc Type: Program Admin Technical Memos/Comments on Issues |

**Instructions:** This form is intended for e-waste recyclers wanting to register under the Minnesota Electronics Recycling Act**.
Type or print in a legible manner.** Before submitting, make a photocopy for your records.

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| **Completed form should be returned to:**(including all appropriate attachments) | E-waste CoordinatorMinnesota Pollution Control Agency520 Lafayette Road NorthSt. Paul, MN 55155-4194 |

## Local government acknowledgement

## This section must be completed by the County/City Solid Waste or Zoning Officer before registration can be finalized. This section is meant to certify that all local ordinances are being met by the applicant .

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| --- | --- | --- | --- |
| Signature: |  | Date (mm/dd/yyyy): |       |
| Print name: |       |
| Title: |       | Phone: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |
| Comments:      |

## Facility information (If located in Minnesota, complete A - C; *if outside of Minnesota, complete A only*.)

A. Facility location

|  |  |
| --- | --- |
| Facility name: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |

B. Will the facility operations include any other type of solid waste management activity? (Minnesota only)
*(Ex: scrap metal recycling, tires, appliances.)*

**[ ]  Yes [ ]  No**

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| If “yes” explain:      |

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| C. | Hazardous Waste Identification (ID) Number:(Minnesota only)*(as required under Minn. Stat. § 115A.1318, subd.2)* |       |

The “Hazardous Waste Identification Number” is for the site specific location and cannot be transferred for a move at some future date.

Apply for an U.S. Environmental Protection Agency (EPA)/Hazardous Waste ID on the Minnesota Pollution Control Agency (MPCA) e-Services website at <https://rsp.pca.state.mn.us/TEMPO_RSP/Orchestrate.do?initiate=true>

Instructions for obtaining the ID through the online e-Service can be found on the MPCA website at <https://www.pca.state.mn.us/hw-notification>.

## Recycler certifies that they

[ ]  (1) use only registered collectors

[ ]  (2) comply with all applicable health, environmental, safety, and financial responsibility regulations

[ ]  (3) are licensed by all applicable governmental authorities

[ ]  (4) use no prison labor to recycle video display devices

[ ]  (5) possess liability insurance of not less than $1,000,000 for environmental releases, accidents, and other emergencies **(attach proof of insurance)**

[ ]  (6) provide a report annually to each registered collector regarding the video display devices received from that entity

[ ]  (7) do not charge collectors for the transportation and recycling of covered electronic devices that meet a manufacturer's recycling obligation as determined under Minn. Stat. § 115A.1320, unless otherwise mutually agreed upon.

## Certification

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, 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 submitting false information, including the possibility of fines and imprisonment. I further certify that the construction and operation of the above-described facility will be in accordance with the conditions of the Minnesota Pollution Control Agency.

Please note future certification will be annually on July 15 through ReTRAC with the terms of the Minnesota Electronics Recycling Act in section III above. Review Minn. Stat. §§ 115A.1310 to 115A.1330 on the Office of the Revisor of Statutes website at <https://www.revisor.mn.gov/statutes/cite/115A>.

Owner

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date (mm/dd/yyyy): |       |
| Print name: |       | Phone: |       |
| Title:  |       | Fax: |       |
| Email: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |