



RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD: Dial 711

**Registration Form for Manufacturers of Covered Electronic Products for Calendar Year 2009**

FOR RIDEM USE ONLY

Please be aware that manufacturers of covered electronic products (CEPs) offered for sale for delivery in Rhode Island are required to register with the Rhode Island Department of Environmental Management (RIDEM) and pay to the Department a registration fee of five thousand dollars (\$5,000) no later than January 1, 2009. Thereafter, if a manufacturer has not previously filed a registration, the manufacturer shall file a registration with RIDEM prior to any offer for sale for delivery in Rhode Island of the manufacturer's new CEPs and shall pay to RIDEM the required registration fee. Any manufacturer to whom RIDEM provides notification of a return share, return share in weight or market share pursuant to R.I.G.L 23-24.10 and who has not previously filed a registration shall, within thirty (30) days of receiving such notification, file a registration with RIDEM and shall pay the required registration fee.

**Section 1: Registration and Fee Information**

Please complete this annual registration form in accordance with the accompanying guidance to ensure the timely processing of your registration (print or type unless otherwise instructed). Your registration fee (see below for specific payment instructions) must be returned along with this form. The registration will not be processed without the applicable fee. Note: this form must be submitted to RIDEM in both hard copy (along with the registration fee) and via email per the instructions contained below.

Both an electronic version and a hard copy of this registration form must be returned to RIDEM along with the annual \$5,000 registration fee by January 1, 2009. The fee is non-refundable and must be paid by check per the information below. This is an annual registration fee.

<b>Checks must be made payable to:</b>	General Treasurer of the State of RI for Deposit into the Environmental Response Fund
<b>A signed, hard copy of your <u>completed registration form</u> &amp; your <u>check</u> must be submitted together to:</b>	RI Department of Environmental Management Office of Management Services 235 Promenade Street Providence, RI 02908
<b>In addition, an electronic copy of your <u>completed registration form</u> must be submitted electronically to:</b>	<b>Electronic copy</b> must be submitted to: <a href="mailto:rielectronicwaste@dem.ri.gov">rielectronicwaste@dem.ri.gov</a>
<b>RIDEM's Tax Identification Number:</b>	056000522

## **Section 2: Registrant Information**

Provide the following information about the manufacturer you are registering, the appropriate administrative contact and all necessary billing information. Please provide a US contact if available.

### **Manufacturer Information**

<b>Company Name</b>	
<b>Website</b>	
<b>Phone &amp; Fax ##</b> <i>(please include area code)</i>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Country</b>	
<b>Foreign State/Province &amp; Foreign Postal Zip</b> <i>(if outside U.S.)</i>	

**Administrative Contact Information** (individual responsible for compliance; has legal authority to sign this registration, reports, related correspondence and pay all fees as prescribed under R.I.G.L. 23-24.10.)

<b>Name</b> <i>(First, Middle, Last)</i>	
<b>Company &amp; Job Title</b>	
<b>Email Address</b>	
<b>Phone &amp; Fax ##</b> <i>(please include area code)</i>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Country</b>	
<b>Foreign State/Province &amp; Foreign Postal Zip</b> <i>(if outside U.S.)</i>	

### **Billing Contact Information**

<b>Name</b> <i>(First, Middle, Last)</i>	
<b>Company &amp; Job Title</b>	
<b>Email Address</b>	
<b>Phone &amp; Fax ##</b> <i>(please include area code)</i>	

<b>Address</b>	
<b>City, State, Zip</b>	
<b>Country</b>	
<b>Foreign State/Province &amp; Foreign Postal Zip</b> <i>(if outside U.S.)</i>	

*If this form is being prepared and submitted to RIDEM by someone other than the manufacturer listed on this form, please provide the following about the person completing this form below.*

<b>Name</b> <i>(First, Middle, Last)</i>	
<b>Company/Organization &amp; Job Title</b>	
<b>Email Address</b>	
<b>Phone &amp; Fax ##</b> <i>(please include area code)</i>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Country</b>	
<b>Foreign State/Province &amp; Foreign Postal Zip</b> <i>(if outside U.S.)</i>	

### **Section 3: Recycling Plan Information**

Please indicate which collection & recycling program you intend to use:

<input type="checkbox"/> <b>State Program</b> (as administered by the RI Resource Recovery Corporation)
<input type="checkbox"/> <b>Your own Manufacturer Program</b>
<input type="checkbox"/> <b>Group Manufacturer Program</b>

Manufacturers intending to run their own Manufacturer Program or participate in a Group Manufacturer Program **must attach a detailed implementation plan** to this registration form in accordance with R.I.G.L. 23-24.10-9 and the accompanying guidance. Please note that not all manufacturers are eligible to participate in a Group Manufacturer Program – refer to R.I.G.L. 23-24.10-9 and the accompanying guidance for additional information.

Note: In accordance with R.I.G.L. 23-24.10-9(c), all manufacturer plans must include a statement concerning exceedances and exemptions under the RoHS Directive.

## **Section 4. Covered Electronic Product (CEP) Information**

Please complete the following with regards to each CEP for which the manufacturer has legal responsibility to register under R.I.G.L. 23-24.10. If additional room is required, please attach an additional sheet to this form with the required information.

Manufacturer Brands	Specify Type of CEP: <i>TV, Monitor, CPU, Combination Units, or Similar Video Display Device</i> *

\* A complete definition of covered electronic products can be found in the accompanying guidance or in R.I.G.L. 23-24.10-3. Please note that a nine (9) inch screen size limit applies to certain products.

## **Section 5. Certification & Signature**

Manufacturers are required to sign the certification as provided below. Registrations will be deemed incomplete unless the required signature is provided. Signatures are only required on hard copies of registration forms as submitted directly to RIDEM along with the registration fee. For electronic copy submissions emailed to [rielectronicwaste@dem.ri.gov](mailto:rielectronicwaste@dem.ri.gov), simply type in your name & the date. Information on how to submit this form to RIDEM is contained in Section 1 of this form.

By signing and submitting this document to RIDEM, I hereby certify that I am familiar with the information submitted in this document and all attachments thereto, and the submitted information is true, accurate and complete to the best of my knowledge and belief.

**Signature:**

**Printed Name:**

**Date:**

This form, the accompanying guidance, a link to RI's electronic waste law, and all documents/information relevant to RI's electronic waste program can be found at: <http://www.dem.ri.gov/ewaste/index.htm>

Questions should be directed to Elizabeth Stone, RIDEM at [rielectronicwaste@dem.ri.gov](mailto:rielectronicwaste@dem.ri.gov) or 401-222-4700 (x2422).