



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Application to Become an Approved Covered Electronic Recycler

Please complete this form in accordance the application [instructions](#) (DEEP-EWASTE-INST-002) to ensure the proper handling of your application. Print or type unless otherwise noted. Any required application fee must be submitted along with this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Electronic Waste	

The application will not be processed without the fee. The fee is non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

In order to facilitate DEEP's review process, you should submit the application package in a 3-ringed binder, with the appended application form and associated attachments sectioned by appropriately labeled divider tabs.

Part I: Application Type / Fee Information

Application Type (check one):	Existing Approval No.	Application Fee
<input type="checkbox"/> A new / initial application to become a CER		\$250.00 [#1533]
<input type="checkbox"/> A renewal* application for an existing CER approval Omit Part VI (except submittal of a current process flow diagram), and complete all other parts of this form.		\$0 [#1898]

*A renewal application cannot include any proposed changes to an existing CER approval, except for the proposed reimbursement fees.

- If you are seeking a modification of an existing CER approval, you must use the [Modification of an Existing CER Approval Form](#) (DEEP-EWASTE-APP-002M).
- If you are seeking to transfer ownership of an existing CER approval, you must use the [License Transfer Form](#) (DEEP-APP-006).

For questions, contact the Bureau of Materials Management and Compliance Assurance at 860-424-3372 or use the toll free hotline at 888-424-4193.

Part II: Applicant Information

- *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name and address shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

Complete the following contact information regarding the applicant for departmental correspondences.

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Location Address if different:

City/Town:

State:

Zip Code:

Primary Contact Person:

Title:

Business Phone:

ext.

Email:

Responsible Official:

*By providing this e-mail address you are agreeing to receive official correspondence from the Department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address changes.

a) Applicant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) check type: corporation limited liability company limited partnership

limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at *the Secretary of State's database (CONCORD)*. (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if your business is **NOT** registered with the Secretary of State's office. Note: it is a requirement to register with the Secretary of State's Office.

b) Website:

c) Permits, licenses or approvals (if any):

Part III: Proposed Reimbursement Fee Information

Provide the proposed fees, in price per pound, which the applicant is proposing to charge manufacturers for recycling CEDs or returning CEDs to a manufacturer.

1a. Recycling Fee: (price / pound)

- b. For any existing contracts or agreements where the recycling fee in this application exceeds the fee(s) contained in those contracts or agreements for equivalent or similar services, the applicant shall provide a detailed explanation of the reasons for any such difference.

2a. Return to Manufacturer Fee: (price / pound)

- b. For any existing contracts or agreements where the return to manufacturer fee in this application exceeds the fee(s) contained in those contracts or agreements for equivalent or similar services, the applicant shall provide a detailed explanation of the reasons for any such difference.

Part IV: Compliance History

If you answer *yes* to any of the questions below, you must complete Part V: Table of Enforcement Actions as directed in the [instructions](#) (DEEP-EWASTE-INST-002).

- A. During the five years immediately preceding submission of this application, has the applicant been convicted in any jurisdiction, foreign or domestic, of a criminal violation of any environmental law?
- Yes No
- B. During the five years immediately preceding submission of this application, has a civil penalty been imposed upon the applicant in any state, including Connecticut, in any federal judicial proceeding, or in any other country for any violation of an environmental law?
- Yes No
- C. During the five years immediately preceding submission of this application, has a civil penalty exceeding five thousand dollars been imposed on the applicant in any state, including Connecticut, in any federal administrative proceeding, or in any other country for any violation of an environmental law?
- Yes No
- D. During the five years immediately preceding submission of this application, has any state, including Connecticut, federal court, or court of another country issued any order or entered any judgment to the applicant concerning a violation of any environmental law?
- Yes No
- E. During the five years immediately preceding submission of this application, has any state, including Connecticut, federal administrative agency, or governmental agency of another country issued any order to the applicant concerning a violation of any environmental law?
- Yes No

Part V: Table of Enforcement Actions

If you have answered yes to any of the questions in Part IV: Compliance History, you must complete the following table as directed in the [instructions](#) (DEEP-EWASTE-INST-002).

Type of Action:	Type of Action:	Type of Action:
Date Commenced:	Date Commenced:	Date Commenced:
Date Terminated:	Date Terminated:	Date Terminated:
Jurisdiction:	Jurisdiction:	Jurisdiction:
Case/Docket/Order Number:	Case/Docket/Order Number:	Case/Docket/Order Number:
Description of Violation(s):	Description of Violation(s):	Description of Violation(s):

Check the box if additional sheets are attached.

Part VI: Supporting Documents

New Applicants: Please check the applicable box for each attachment being submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name. Please reference the [instructions](#) (DEEP-EWASTE-INST-002) for details on completing the following documents

Renewal Applicants: Please do not submit Attachments A through E with the exception of a current process flow diagram described in Attachment C. Note: If there are proposed changes to any previously submitted and approved documents, a modification form must be completed, submitted and approved before the CER can operate with the proposed changes in accordance with RCSA section 22a-638-1(b)(8)(B).

<input type="checkbox"/> Attachment A:	<i>Applicant Background Information</i>												
Please check one of the following boxes that best describes the applicant. Then submit the corresponding completed form as Attachment A.													
<table border="1"> <thead> <tr> <th colspan="2" data-bbox="430 699 1409 762">Company Type:</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 762 974 825"> <input type="checkbox"/> Corporation </td> <td data-bbox="998 762 1409 825"> DEEP-EWASTE-APP-002CO </td> </tr> <tr> <td data-bbox="430 825 974 888"> <input type="checkbox"/> Limited Liability Company </td> <td data-bbox="998 825 1409 888"> DEEP-EWASTE-APP-002LLC </td> </tr> <tr> <td data-bbox="430 888 974 951"> <input type="checkbox"/> Limited Partnership </td> <td data-bbox="998 888 1409 951"> DEEP-EWASTE-APP-002LP </td> </tr> <tr> <td data-bbox="430 951 974 1014"> <input type="checkbox"/> General Partnership </td> <td data-bbox="998 951 1409 1014"> DEEP-EWASTE-APP-002GP </td> </tr> <tr> <td data-bbox="430 1014 974 1077"> <input type="checkbox"/> Individual/Voluntary Association/Other </td> <td data-bbox="998 1014 1409 1077"> DEEP-EWASTE-APP-002VA </td> </tr> </tbody> </table>		Company Type:		<input type="checkbox"/> Corporation	DEEP-EWASTE-APP-002CO	<input type="checkbox"/> Limited Liability Company	DEEP-EWASTE-APP-002LLC	<input type="checkbox"/> Limited Partnership	DEEP-EWASTE-APP-002LP	<input type="checkbox"/> General Partnership	DEEP-EWASTE-APP-002GP	<input type="checkbox"/> Individual/Voluntary Association/Other	DEEP-EWASTE-APP-002VA
Company Type:													
<input type="checkbox"/> Corporation	DEEP-EWASTE-APP-002CO												
<input type="checkbox"/> Limited Liability Company	DEEP-EWASTE-APP-002LLC												
<input type="checkbox"/> Limited Partnership	DEEP-EWASTE-APP-002LP												
<input type="checkbox"/> General Partnership	DEEP-EWASTE-APP-002GP												
<input type="checkbox"/> Individual/Voluntary Association/Other	DEEP-EWASTE-APP-002VA												
<input type="checkbox"/> Attachment B:	<i>Description of Applicant's Qualifications and Relevant Experience</i> (DEEP-WASTE-APP-002B)												
<input type="checkbox"/> Attachment C:	<i>Activities and Procedures for the Management of Covered Electronic Devices</i> (DEEP-WASTE-APP-002C)												
<input type="checkbox"/> Include a Complete Process Flow Diagram (for new or renewal applicants)													
<input type="checkbox"/> Attachment D:	<i>Recycling and Disposal Facilities that Receive MOCs</i> (DEEP-EWASTE-APP-002D) For each recycling or disposal facility listed in Table C-1 of Attachment C of this application in which materials of concern will be recycled or disposed of, provide a completed form DEEP-EWASTE-APP-002D.												
<input type="checkbox"/> Attachment E:	<i>Transporters and Facilities Incidental to Transportation</i> (DEEP-EWASTE-APP-002E) For each transporter and facility that will perform activities incidental to transportation listed in Table C-1 of Attachment C of this application, provide a completed form DEEP-EWASTE-APP-002E.												

Part VII: Applicant Certification

All applicants must sign this part. An application will be considered incomplete unless all required signatures are provided **and are the proper signatory authority as specified under Part VII in the instructions.**

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval with respect to such activity.</p> <p>I certify that based upon reasonable investigation every facility for which information is being provided, has obtained or will obtain all permits, licenses or approvals needed to authorize the activities.</p> <p>I certify that if approved, I will comply with sections 22a-629 through-640 of the Connecticut General Statutes and sections 22a-638-1 and 22a-630(d)-1 of the Regulations of Connecticut State Agencies and practices as described in this application.</p> <p>I certify that I have provided the owner or operator of each facility, for which information is being provided, with a copy of the standards established in section 22a-638-1(c) through (e) of the Regulations of Connecticut State Agencies.</p> <p>I also certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p>	
<p><input type="checkbox"/> Renewal Only. "I also hereby certify that:</p> <p>I am applying for renewal of an existing Covered Electronic Recycler approval by the Commissioner and all aspects of the activities, facilities and supporting documentation described therein continue to comply with the provisions of the approved application and any approved modifications;</p> <p>For any part of the application that had an expiration of coverage date after the date of the Commissioner's existing approval, such as certificate(s) of insurance or financial assurance, as applicable, I have extended or replaced coverage for my own facilities, and verified that coverage was extended or replaced for my partners to fully satisfy the applicable obligation during the remainder of the term of the approval; and</p> <p>For any part of the application that may expire after the Commissioner approves this renewal application, I will ensure that coverage will be extended or replaced to fully satisfy the applicable obligation for the remainder of the term of the approval."</p>	
<p>_____ Signature of Applicant/ Responsible Official</p>	<p>_____ Date</p>
<p>_____ Printed Name of Applicant/ Responsible Official</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer</p>	<p>_____ Date</p>
<p>_____ Printed Name of Preparer</p>	<p>_____ Title</p>
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies.</p>	

All attachments including payment must be submitted as one application. Any components of the application that are not submitted are subject to rejection and will not be reviewed.

Please submit the completed Application Form, Applicable Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

For questions, contact the Bureau of Materials Management and Compliance Assurance at 860-424-3372 or use the toll free hotline at 888-424-4193.