

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

This facility is simply a collection site. All material collected is sent to our Park Hills location for demanufacturing per the R2 Standard.

7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMAUFACTURING?YES NO

IF "NO," OR IF ONLY A PORTION IS DEMAUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS?

 Resell 10 % Export _____ %**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

9. SERVICES PROVIDED

CHECK ALL THAT APPLY.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Hard Drive Erasure/Destruction (Secure Data Destruction) | <input checked="" type="checkbox"/> Palletizing and Pickup |
| <input checked="" type="checkbox"/> Product Tracking Through Final Disposition | <input checked="" type="checkbox"/> Other _____ |

10. TYPES OF COMPUTER AND PERIPHERALS ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Monitor _____ | <input checked="" type="checkbox"/> CD/CDRW Drive _____ | <input checked="" type="checkbox"/> Desktop CPU _____ |
| <input checked="" type="checkbox"/> DVD Drive _____ | <input checked="" type="checkbox"/> Floppy Drive _____ | <input checked="" type="checkbox"/> Hard Drive _____ |
| <input checked="" type="checkbox"/> Laptop _____ | <input checked="" type="checkbox"/> Modem _____ | <input checked="" type="checkbox"/> Notebook _____ |
| <input checked="" type="checkbox"/> Printer _____ | <input checked="" type="checkbox"/> Router _____ | <input checked="" type="checkbox"/> Scanner _____ |
| <input checked="" type="checkbox"/> Speakers _____ | <input checked="" type="checkbox"/> Zip Drive _____ | <input checked="" type="checkbox"/> Other _____ |

11. TYPES OF POCKET PC'S ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Battery Back-Up _____ | <input checked="" type="checkbox"/> Data Cartridge _____ | <input checked="" type="checkbox"/> PC and Digital Camera _____ |
| <input checked="" type="checkbox"/> Server _____ | <input checked="" type="checkbox"/> Other _____ | |

12. TYPES OF COMMUNICATION DEVICES ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Answering Machine _____ | <input checked="" type="checkbox"/> Cellular Telephone _____ | <input checked="" type="checkbox"/> Corded Telephone _____ |
| <input checked="" type="checkbox"/> Cordless Telephone _____ | <input checked="" type="checkbox"/> Pager _____ | <input checked="" type="checkbox"/> Other _____ |

13. OTHER TYPES OF EQUIPMENT ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Adding Machine _____ | <input checked="" type="checkbox"/> Fax Machine _____ | <input checked="" type="checkbox"/> Photocopier _____ |
| <input checked="" type="checkbox"/> Multifunction Machine _____ | <input checked="" type="checkbox"/> Television _____ | <input checked="" type="checkbox"/> Other _____ |

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE mor000533174	MO ID NUMBER, IF APPLICABLE 043500	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE
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Has your company ever been inspected? YES NO

ATTACH THE FOLLOWING

a. List of all federal, state or local environmental agency inquiries and enforcement actions during the past 5 years.

b. Reports to government agencies during the past 5 years

ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS

<input type="checkbox"/> Air Permit	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Business Permit
<input type="checkbox"/> Hazardous and Solid Waste Amendments Part II Permit	<input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit	<input type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Resource Recover Certification	<input type="checkbox"/> Solid Waste Permit	<input type="checkbox"/> Storm Water Permit
<input type="checkbox"/> Transportation/Licensure	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Other _____

15. RISK MANAGEMENT

Do you have a Closure Plan? ATTACH A COPY OF THE PLAN YES NO

Do you have General Liability insurance? ATTACH A COPY OF THE POLICY YES Amount \$2,000,000.00 NO

Do you have other types of insurance? YES NO

LIST THE TYPE AND AMOUNT OF COVERAGE AND ATTACH A COPY OF THE POLICY.

2 million dollar pollution insurance

16. END-USE MARKETS

Approximately 1.00 % (by weight) of 14.00 tons per year of all equipment received is landfilled or incinerated for disposal.

ATTACH HANDLING AND PROCESSING DOCUMENTATION, INCLUDING DEMANUFACTURING AND DISPOSITION PROCESS AND REUSE/RECYCLING END MARKETS DOCUMENTATION (Examples: landfill receipts, brokering contracts, recycler contracts, etc.).

Do you export, or broker for export, working used equipment? YES NO

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT.

Do you export, or broker for export, non-working used equipment? YES NO

ATTACH DOCUMENTATION SHOWING THAT YOUR COMPANY OBTAINED CONSENT FROM THE IMPORTING COUNTRY THROUGH THE U.S. EPA, REGION 7 DIRECTOR.

17. CONFIDENTIALITY

Is your Downstream Vendor Information confidential? YES NO

COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.

18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES? YES NO INITIALS: _____

A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN A CERTIFICATION STATEMENT THAT INDICATES THE BUSINESS IS USING THE MOST BEST MANAGEMENT PRACTICES AS ITS STANDARD OPERATING PROCEDURES.

19. DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted 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. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE [Original Signature on File]	DATE
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PRINTED NAME	TITLE
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Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176 PHONE: 800-361-4827 or 573-751-3176 FAX: 573-526-5268	FOR OFFICE USE ONLY
	DATE RECEIVED FEB 2 2015

DOWNSTREAM VENDOR INFORMATION

Is your Downstream Vendor Information confidential? YES NO

IF MARKED "NO" ABOVE, THIS SECTION MAY BE POSTED ON THE INTERNET. COMPLETE ONE SECTION BELOW FOR EACH RECYCLING FACILITY USED TO PROCESS MATERIAL. PLEASE SUBMIT ADDITIONAL PAGES IF NEEDED.

FACILITY NAME

ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (WITH AREA CODE)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)
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WHICH RECYCLING STANDARD DOES THIS FACILITY USE?

Institute of Scrap Recycling Industries EPA's Responsible Recycling (R2) Practices

Other _____

LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.

FACILITY NAME

ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (WITH AREA CODE)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)
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