

6. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING? YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

7. SERVICES PROVIDED

CHECK ALL THAT APPLY.

Hard Drive Erasure/Destruction (Secure Data Destruction) Palletizing and Pickup

Product Tracking Through Final Disposition Other _____

8. 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

Monitor _____ CD/CDRW Drive _____ Desktop CPU _____

DVD Drive _____ Floppy Drive _____ Hard Drive _____

Laptop _____ Modem _____ Notebook _____

Printer _____ Router _____ Scanner _____

Speakers _____ Zip Drive _____ Other _____

9. 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

Battery Back-Up _____ Data Cartridge _____ PC and Digital Camera _____

Server _____ Other _____

10. 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

Answering Machine _____ Cellular Telephone _____ Corded Telephone _____

Cordless Telephone _____ Pager _____ Other _____

11. 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

Adding Machine _____ Fax Machine _____ Photocopier _____

Multifunction Machine _____ Television _____ Other _____

12. REGISTRATION INFORMATION

New Registration Request Registration Level Change Update Contact Information

REGISTRATION LEVEL REQUESTED

Level 1 Level 2 Level 3 Level 4

13. 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 _____ DATE _____

PRINTED NAME _____ TITLE _____

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 _____
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