



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME			
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (WITH AREA CODE & EXTENSION)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
WEB SITE ADDRESS		EMAIL ADDRESS (FOR GENERAL INQUIRIES)	
EPA ID NUMBER	MO ID NUMBER	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE	
NUMBER OF EMPLOYEES (FULL AND PART TIME)	NUMBER OF VOLUNTEERS	YEARS IN BUSINESS	

2. OWNER INFORMATION

OWNER (OTHER) NAME		TITLE	
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (WITH AREA CODE & EXTENSION)	CELL PHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS	YEARS IN E-SCRAP BUSINESS

3. TYPE OF FACILITY

CHECK ALL THAT APPLY.

<input type="checkbox"/> Broker	<input type="checkbox"/> Collector	<input type="checkbox"/> Charity/Service
<input type="checkbox"/> Demanufacturer	<input type="checkbox"/> Government	<input type="checkbox"/> Refurbisher/Reseller
<input type="checkbox"/> Transporter	<input type="checkbox"/> Other _____	

4. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

5. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? YES NO

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

Resell _____% Export _____%

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, WASTE MANAGEMENT PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102 PHONE: 573-751-5401 FAX: 573-526-3902	FOR OFFICE USE ONLY
	DATE RECEIVED