

NJDEP Annual Report Form for CED Recycling

(revised December 2012)

Mail Code 401-02C
New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
Bureau of Recycling and Planning
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Reporting for January 1 – December 31, 20

(Year)

Manufacturer:

(Please use extra sheets if more than one manufacturer)

Type of CEDs Manufacturer Produces:

Reported by:

(Name, Email, Phone)

Please Include the following information for all recyclers used

Recycler Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person's Name:

Contact Telephone Number:

Contact Email:

Pounds of CEDs Recycled:

Excess pounds of CEDs collected:

Pounds of CEDs Sold:

Recycler Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person's Name: _____

Contact Telephone Number: _____

Contact Email: _____

Pounds of CEDs Recycled: _____

Excess pounds of CEDs collected: _____

Pounds of CEDs Sold: _____

Total Pounds Recycled: _____

Number of New Units (and weight) Sold in NJ in the above Calendar Year: _____

(TV Manufacturers only)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the 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.

Name: _____

(Please print)

(Signature)

Title: _____ Date: _____