



## State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AIR, ENERGY, AND MATERIALS SUSTAINABILITY  
BUREAU OF RECYCLING & HAZARDOUS WASTE MANAGEMENT

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[www.nj.gov/dep/dshw/recycling](http://www.nj.gov/dep/dshw/recycling)

# New Jersey Electronics Manufacturer Group Designation Form

*Last Updated 12/05/2022*

This form is to be used by electronics manufacturers participating as a group to submit an electronic waste collection plan and annual report in accordance with N.J.S.A. 13:1E-99. et seq. This form should be submitted to the address above **at least 20 days prior** to the submittal of a group collection plan.

For more information, please visit the New Jersey Department of Environmental Protection's electronic waste recycling web page at <http://www.nj.gov/dep/dshw/ewaste/index.html>

Provide the Group Plan Administrator's contact information in Section I. The group must specify a single point of contact (an agent) with whom the Department will address all communication. It is the agent's responsibility to disseminate any communication to group members. Individual manufacturers must be identified in Section II and provide a Responsible Official's signature to the certification printed in Section II. The agent identified in Section I must sign the certification in Section III.

### Section I: GROUP INFORMATION

<b>Group Plan Administrator (GPA):</b>	<b>GPA Agent Name and Title:</b>
<b>Program Year:</b>	<b>Group Website:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>City:</b>
<b>Zip Code:</b>	<b>State:</b>



### Section III: GPA AGENT CERTIFICATION

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 \_\_\_\_\_  
(print)

Title \_\_\_\_\_  
(print)

Signature \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year