

# Interstate Mercury Education & Reduction Clearinghouse COLLECTION SYSTEM PLAN FOR MERCURY- ADDED PRODUCTS

For IMERC  
use only

Date rec'd

Date data entry

Collection plan  
#

## IMPORTANT NOTES:

- Please type or print using black ink to complete this application.
- All applications must be submitted with an original signature—NO faxes or electronic submissions will be accepted.

## I. APPLICANT'S FULL LEGAL NAME, ADDRESS, & CONTACT INFORMATION:

**Name/Organization:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**NAICS:** \_\_\_\_\_

**Website address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

## II. PRODUCT MANUFACTURERS NAME, ADDRESS, & CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)

**Name** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**NAICS:** \_\_\_\_\_

**Website address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

## III. THE FOLLOWING INFORMATION MUST BE ATTACHED :

1. IMERC Mercury-added Product Notification approval letter.
2. If applicable, documentation regarding the intention of the applicant to phase-out use of mercury in the product or the sale of the mercury-added product in the states and the schedule for the phase-out.
3. A proposed Collection System Plan that describes how the system will operate the proper collection, storage, transportation, and processing of the mercury-added product(s), including a system for the direct return of a waste product to the manufacturer, or a collection and recycling system that is supported by an industry or trade group, or other similar private or public sector efforts.

4. Documentation describing a public education program, including implementation dates, which will inform the relevant portions of the public and private sector about the mercury-added products, the purpose of the collection system program, and how they may participate.
5. A proposal for the frequency and method for disposal/recycling for the items that are collected.
6. Documentation of the readiness of all necessary parties to perform as intended in the planned collection system.
7. Documentation demonstrating the financing and implementation of the proposed collection system.
8. Description of the recordkeeping protocol that the manufacturer or company other than the manufacturer will maintain to assure compliance with the Plan.

**IV. PERFORMANCE MEASURES :**

Target Capture Rate for the Mercury-added Product: \_\_\_\_\_

Describe the performance measures to be used to demonstrate that the collection system is meeting capture rate target:

**V. CERTIFICATION:** as the applicant for this collection system plan approval, I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this application is on a complete and accurate Form as prescribed by the member States of the Interstate Mercury Education Reduction Clearinghouse Committee (IMERC) without alteration of text. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with the applicable IMERC members' state laws.

\_\_\_\_\_  
 Signature (of an Authorized Senior Management Official or designee)      \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print or Type Name and Title of the Authorized Senior Management Official, or designee

**VI. MANUFACTURER'S DESIGNATED INDUSTRIAL TRADE GROUP REGISTRATION**

**Note:** Manufacturers electing to designate an industrial trade group to submit their Collection System Plan for Mercury-added Products on their behalf must include a completed and certified Registration that demonstrates that the trade group is designated by the manufacturers to submit the required information. The trade organization must compile all of these Registrations and submit them with their Collection System Plan for Mercury-added Products. Trade Groups should undertake the following steps to complete this process:

1. Ask each manufacturer for whom you are submitting information to complete and certify this Section. Make and attach additional copies of this Section as needed. Only applications with original signatures will be accepted by the participating IMERC states. No faxes, electronic submissions, or applications with copied signatures will be accepted. All information must be either typed or legibly printed using black ink.
2. Complete and return the original Manufacturer's Designated Industrial Trade Group Registrations with the full Collection System Plan for Mercury-added Products.

**Manufacturer**

Manufacturer's Name: \_\_\_\_\_

Manufacturer's Mailing Address:

Street Address (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manufacturer's Telephone Number: \_\_\_\_\_

Manufacturer's Web Address: \_\_\_\_\_

Manufacturer's NAICS Code(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Person's Mailing Address:

Street Address (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

Contact Person's E-mail Address: \_\_\_\_\_

**Designated Industrial Trade Group:**

Industrial Trade Group Name: \_\_\_\_\_

**Manufacturer's Certification:**

I have personally examined and am familiar with the information submitted in this document and all attachments thereto on behalf of my company, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this Registration Form is on a

complete and accurate Form without alteration of text. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with the applicable IMERC members' state laws.

---

Signature (of an Authorized Senior Management Official or designee)

Date

---

Print or Type Name and Title of the Authorized Senior Management Official, or designee

Complete and return this Form and **submit an original copy to both** of these addresses:

**Interstate Mercury Education and Reduction Clearinghouse**

**C/o Northeast Waste Management Officials' Association**

129 Portland Street, Suite 602

Boston, MA 02114-2014

Thomas Metzner

**Connecticut Department of Environmental Protection**

Waste Planning & Standard, Recycling Section

79 Elm Street

Hartford, CT 06106