



Registration Form – Extended Producer Responsibility (EPR) Programs

Name of the Applicant (Legal Business Name):		
Registry for: <input type="checkbox"/> Paint <input type="checkbox"/> Oil & Glycol (Antifreeze) <input type="checkbox"/> Electronics <input type="checkbox"/> Packaging & Paper <input type="checkbox"/> Pharmaceutical Products & Medical Sharps <input type="checkbox"/> Beverage Containers <input type="checkbox"/> Batteries <input type="checkbox"/> Lamps/Bulbs		
The location of the head office of the applicant:		
Physical Location:		
Mailing Address:	Province/State:	Postal/Zip Code:
The location of the main place of business in New Brunswick: (If multiple locations in New Brunswick, please select only one location to identify on this form.)		
<input type="checkbox"/> We do not have a location in New Brunswick		
Physical Location:		
Mailing Address:	Province:	Postal Code:
The contact information of the person to whom any correspondence or inquiries should be directed:		
1. Name:		
E-mail Address:		Telephone Number:
Mailing Address:	Province/State:	Postal/Zip Code:
2. Name:		
E-mail Address:		Telephone Number:
Mailing Address:	Province/State:	Postal/Zip Code:

*Registration information required pursuant to Section 16(1)(a) to 16(1)(e), *Designated Materials Regulation – Clean Environment Act* of New Brunswick.



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**The information for any Producer Responsibility Organization (PRO)
acting on behalf of the applicant:**

(If the applicant has not yet designated a PRO to perform the obligations imposed by the Designated Materials Regulation on their behalf, the applicant is responsible for performing all obligations under the Regulation and should provide applicant information in this section. Once the applicant has designated a PRO, the applicant must notify Recycle NB of this change.)

Name:

Company Name:

E-mail Address:

Telephone Number:

Mailing Address:

Province:

Postal Code:

I hereby acknowledge that this applicant understands the requirement to notify Recycle NB within ten days of any change to the information provided on this form as per Section 17 of the *Designated Materials Regulation*.

Name of Applicant (Please Print):

Date:

Signature:

Submit

Or return to:

**Recycle New Brunswick
P.O. Box 308, Station A
Fredericton, NB, E3B 4Y9**

**Tel: 506 454-8473
Fax: 506 454-8471
info@recyclenb.com**