



P.O. Box 308, Station A
Fredericton, NB
E3B 4Y9

C.P. 308, Bureau A
Fredericton, (NB)
E3B 4Y9

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Toll Free: 1 888 322-8473

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Télécopieur : 506 454-8471
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info@recyclenb.com
www.recyclenb.com

Paint Brand Owner/Tire Supplier Registration Form¹.

Name of Applicant (Legal Business Name):		
Operating as: <input type="checkbox"/> Paint Brand Owner or <input type="checkbox"/> Tire Supplier		

Head Office of the Applicant:

Physical Location:		
Mailing Address:	Province/State	Postal/ Zip Code

Main Place of Business in New Brunswick:

IF SAME AS ABOVE, PLEASE CHECK HERE:

Physical Location:		
Mailing Address:	Province/State	Postal/ Zip Code

If a Corporation, provide the following information relating to all officers:

1. Name:	Title:	
Address of Place of Residence:		
Mailing Address:	Province/State	Postal/ Zip Code
2. Name:	Title:	
Address of Place of Residence:		
Mailing Address:	Province/State	Postal/ Zip Code
3. Name:	Title:	
Address of Place of Residence:		
Mailing Address:	Province/State	Postal/ Zip Code

1) Registration Information Requirement pursuant to Section 14 (1)(a) to 14 (1)(f), **Designated Materials Regulation- Clean Environment Act** of New Brunswick.

Person to whom any correspondence or inquiries should be directed:		
Name:		Telephone Number: ()
Mailing Address:		Fax Number: ()
Province/ State:	Postal Code/Zip Code	E-mail Address:

IF APPLICANT IS A TIRE SUPPLIER

Section A:

Section B:

Section C:

- | | | |
|--|---|---|
| <input type="checkbox"/> Garage/Store/Tire Shop | <input type="checkbox"/> YES Tire Sales | <input type="checkbox"/> Pays levy to tire supplier |
| <input type="checkbox"/> Trucking Company | <input type="checkbox"/> NO Tire Sales | <input type="checkbox"/> Remits levy to us |
| <input type="checkbox"/> Towing Company | | |
| <input type="checkbox"/> Salvage Yard | | |
| <input type="checkbox"/> Solid Waste Association | | |
| <input type="checkbox"/> Other: | | |

IF APPLICANT IS A PAINT BRAND OWNER

Information of any <u>AGENT</u> acting on behalf of the Applicant:		
Name:		
Company Name:		Telephone Number: ()
Mailing Address:		Fax Number: ()
Province/ State:	Postal Code/Zip Code:	E-mail Address:

Name of Applicant: (Please Print)

Signature of Applicant:

Date:

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

Fax: (506) 454-8471

1) Registration Information Requirement pursuant to Section 14 (1)(a) to 14 (1)(f), **Designated Materials Regulation- Clean Environment Act** of New Brunswick.