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Electronic Devices Online System For Notification and Reporting Requirements

User Name:

Password:

[Forgot your password?](#)

Not registered? Click [here](#).

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For Assistance, please contact Consumer Products Section, (916) 324-3159, electronicwaste@dtsc.ca.gov

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Add An Account

STEP 1 OF 3:
ADD USER INFORMATION (ULTIMATELY TO SUBMIT NOTICE OF INTENT)
YOU MUST COMPLETE ALL 3 STEPS ONCE YOU STARTED THE PROCESS.

User Name:

Minimum of 6 characters and maximum of 25 characters.

Password:

Re-enter Password:

Password must begin with a letter and contain at least 1 number.
Minimum of 6 characters and maximum of 25 characters in length.

Security Question:

If you forget your password we will ask for the answer to your security question.

Answer:

Email:

Email address is used to authenticate your account should you ever encounter problems or forget your password. If you do not have email address, you may leave this field blank.

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STEP 2 OF 3:
ADD BUSINESS INFORMATION (ULTIMATELY TO SUBMIT NOTICE OF INTENT)
YOU MUST COMPLETE ALL 3 STEPS ONCE YOU STARTED THE PROCESS.

STEP 2 OF 3: ADD BUSINESS INFORMATION

(Required) *

BUSINESS INFORMATION

* Business Name:

Website:

CONTACT INFORMATION

* **Contact Name:**

* **Contact Title:**

* Telephone: (xxx)xxx-xxxx **Extension:**

Email Address:

MAILING ADDRESS INFORMATION

* **Mailing Address:**

* **Mailing City:**

* **Mailing State:**

* **Mailing Zip:**

* **Mailing County:**

Continue

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INFORMATION VERIFICATION

United States Postal Service (USPS) software has performed an [address validation](#).

If you **DISAGREE** with the suggested changes, please UNCHECK on this checkbox.
You may also click back and make the necessary changes.

	Your Address as you entered it.	Suggested Address Changes.
Street:	123 Test Street	123 Test Street
City:	Sacramento	Sacramento
State:	CA	CA
Zip:	95814	95814

Errors/Suggested Changes
3.1 - Street not found

To submit your information, click [Save](#) or [Back](#) to make any changes.

Business Name:	Your Business Name
Contact Name:	John Smith
Contact Title:	Project Manager
Telephone:	(555)555-5555
Email:	
Mailing Address:	123 Test Street
Mailing City, State Zip:	Sacramento, CA 95814
County:	Sacramento

[Save](#)

[Back](#)

[Logout](#)

Maintenance Menu

STEP 3 OF 3: SUBMIT YOUR NOTICE OF INTENT TO HANDLE BY CLICKING THE "PHYSICAL ADDRESS" BUTTON UNDER "ADD NEW"

Remember: Annual reports are due February 1st for each facility that collected more than 220 lbs of e-waste.

User Name: [testfakeaccount](#)

Business Information [Edit](#)

Handler/Business Name: **test fake account**

Contact Name: **fake**

Contact Email:

Mailing Address: **1001 i st, sacramento, CA 95814**

Handler/Business ID: **3291**

Contact Phone Number: **(916)324-3159**

Website:

ADD NEW:

Physical Address

A **Notification of Intent to Handle or Recycle** e-waste must be filed for each location at least 30 days in advance.

Shipping Destination

Add, Edit or Delete US (Domestic) shipping destinations for Annual Report purposes.

Generator Information

Generators do not collect e-waste from offsite or treat e-waste, but need to provide their physical address here before submitting an annual report.

Our record shows you have not entered any facility information.
Please click on the appropriate button above to add new facility information.

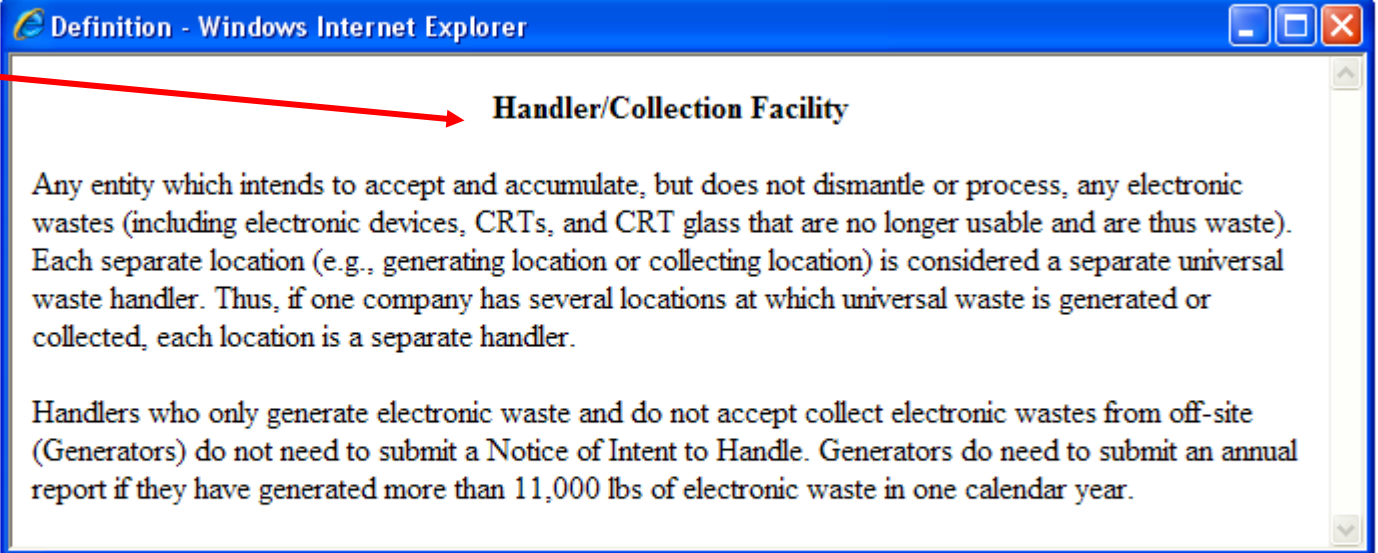
Submit New Notice of Intent

Please specify the type of facility.

- Handler/Collection Facility**
 Recycling Facility

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Definition - Windows Internet Explorer

Handler/Collection Facility

Any entity which intends to accept and accumulate, but does not dismantle or process, any electronic wastes (including electronic devices, CRTs, and CRT glass that are no longer usable and are thus waste). Each separate location (e.g., generating location or collecting location) is considered a separate universal waste handler. Thus, if one company has several locations at which universal waste is generated or collected, each location is a separate handler.

Handlers who only generate electronic waste and do not accept collect electronic wastes from off-site (Generators) do not need to submit a Notice of Intent to Handle. Generators do need to submit an annual report if they have generated more than 11,000 lbs of electronic waste in one calendar year.

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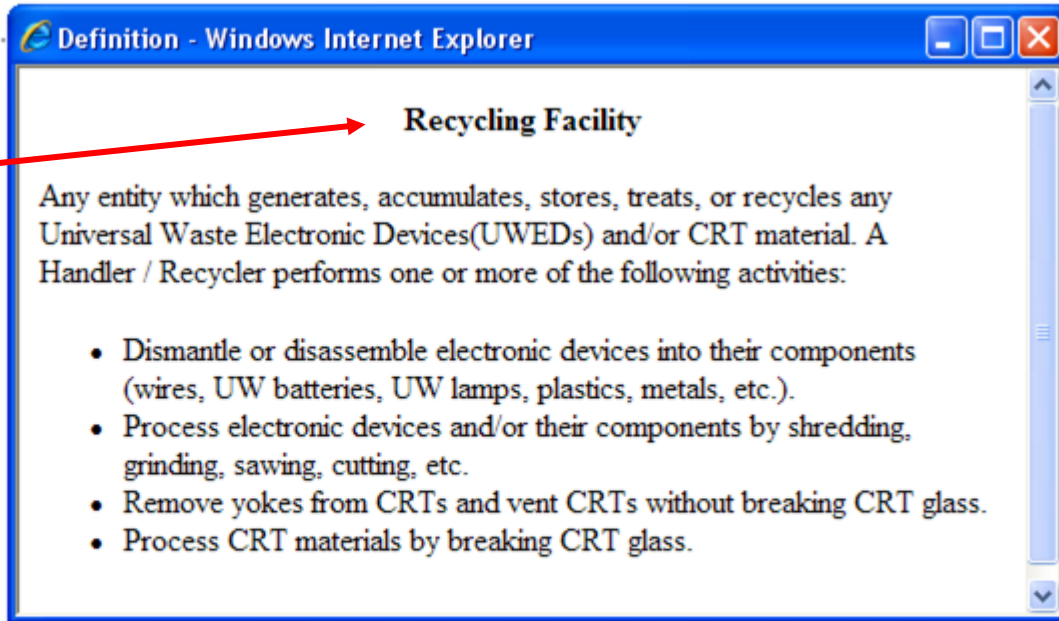
Submit New Notice of Intent

Please specify the type of facility.

- Handler/Collection Facility**
- Recycling Facility**

Continue

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Definition - Windows Internet Explorer

Recycling Facility

Any entity which generates, accumulates, stores, treats, or recycles any Universal Waste Electronic Devices(UWEDs) and/or CRT material. A Handler / Recycler performs one or more of the following activities:

- Dismantle or disassemble electronic devices into their components (wires, UW batteries, UW lamps, plastics, metals, etc.).
- Process electronic devices and/or their components by shredding, grinding, sawing, cutting, etc.
- Remove yokes from CRTs and vent CRTs without breaking CRT glass.
- Process CRT materials by breaking CRT glass.

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Submit New Notice of Intent

(Required) *

Facility Type: Handler/Collection Facility

← Handler Notice of Intent

Would you like to appear on DTSC public website list of handlers/recyclers for CRTs and electronic devices? No Yes

Is this facility a temporary collection event location? No Yes

EPA or State ID Number (site specific, 9 digit number):

PHYSICAL ADDRESS (HANDLER/COLLECTION LOCATION)

Check here if the physical address is the same as the business mailing address.

Name: (Optional)

* Address:

* City:

* State:

* Zip:

* County:

FACILITY OWNER OR PROPERTY OWNER INFORMATION

* Owner Name:

Types of electronic wastes expected to be (Select all that apply)

E-Waste Handled/Collected

Bare CRT	<input type="checkbox"/>
CRT Glass	<input type="checkbox"/>
CRT Device	<input type="checkbox"/>
LCD Monitor	<input type="checkbox"/>
Laptop with LCD monitor	<input type="checkbox"/>
LCD Television	<input type="checkbox"/>
Portable DVD player with LCD screen	<input type="checkbox"/>
Plasma Television	<input type="checkbox"/>
Microwave	<input type="checkbox"/>
VCR	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Printer	<input type="checkbox"/>
Cellular Phone	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Small Electronics (ie Keyboard, mice, CD players)	<input type="checkbox"/>
Large Electronics (ie Copier, fax machine)	<input type="checkbox"/>
Other Electronic Devices	<input type="checkbox"/> <input type="text"/>

Source of electronic devices, bare CRTs, and CRT glass (Select all that apply):

- Businesses
- Other e-waste handlers/collectors
- Households
- Government Agencies

Other:

Notice of Intent - Information Verification

United States Postal Service (USPS) software has performed an address validation.

If you DISAGREE with the suggested changes, please UNCHECK on this checkbox.

You may also click back and make the necessary changes.

	Your Address as you entered it.	Suggested Address Changes.
Street:	123 test st	123 test st
City:	sacra,emto	sacraemto
State:	CA	CA
Zip:	95814	95814

Errors/Suggested Changes

3.1 - Street not found

To submit your information, click Save or Back to make any changes.

Facility Type: Handler/Collection

Would you like to appear on DTSC public website list of handlers/recycler for CRTs and electronic devices? No

Is this facility a temporary collection event location? No

EPA ID Number:

Name:

Address: 123 test st
City, State Zip: sacraemto, CA 95814
County: Sacramento

Owner name: test

Type of electronic wastes expected to HANDLE:

Microwave

Source of electronic wastes, bare CRT, and CRT glass:

Other collectors/handlers

Save

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Notice of Intent - Confirmation

Thank you for submitting your Notice of Intent to handle electronic waste on 03/22/2010 for property located at 123 test st, sacramento, CA 95814.

Your facility ID number for this Notice of Intent is 9953. You may not receive electronic waste generated from offsite of this facility until 04/21/2010 (30 days) after you have submitted this notification.

To edit your account information (for example contact information, address changes), log in to the Maintenance Menu, and click the "edit" button just above your business information.

To edit your facility information, locate the facility under "physical address(es)", click the drop down menu, and select "Edit Notice of Intent to Handle".

You are responsible for reading, understanding, and complying with all of the applicable requirements in [Chapter 23 of Title 22 of the California Code of Regulations \(CCR\)](#) and keeping a record of all universal waste shipments that you send or receive for a period of three years (see Section 66273.39, of Title 22, Ch. 23, CCR. All subsequent citations are to California Code of Regulations, title 22 unless otherwise noted).

With the exception of printed circuit boards and wastes managed pursuant to CCR Title 22 Chapter 11 exclusions, any further treatment requires a hazardous waste facility permit.

DTSC no longer requires handlers who submit their Notice of Intent to Handle using our online system to submit a signature page by mail.



Click to print out this confirmation page.

Recycler Notice of Intent

(Required) *

Facility Type: Treatment/Recycling Facility

Would you like to appear on DTSC public website list of handlers/recyclers for CRTs and electronic devices? No Yes

Is this facility a temporary collection event location? No Yes

EPA or State ID Number (site specific, 9 digit number):

PHYSICAL ADDRESS (TREATMENT/RECYCLING LOCATION)

Check here if the physical address is the same as the business mailing address.

Name: (Optional)

* Address:

* City:

* State:

* Zip:

* County:

* Facility Description (e.g., warehouse, parking lot, office building):

FACILITY OWNER OR PROPERTY OWNER INFORMATION

* Owner Name:

* Owner Address:

* Owner City:

* Owner State:

* Owner Zip:

Types of electronic wastes expected to be (Select all that apply)

E-Waste	Handled/Collected	Recycled
Bare CRT	<input type="checkbox"/>	<input type="checkbox"/>
CRT Glass	<input type="checkbox"/>	<input type="checkbox"/>
CRT Device	<input type="checkbox"/>	<input type="checkbox"/>
LCD Monitor	<input type="checkbox"/>	<input type="checkbox"/>
Laptop with LCD monitor	<input type="checkbox"/>	<input type="checkbox"/>
LCD Television	<input type="checkbox"/>	<input type="checkbox"/>
Portable DVD player with LCD screen	<input type="checkbox"/>	<input type="checkbox"/>
Plasma Television	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>
VCR	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>
Cellular Phone	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Small Electronics (ie Keyboard, mice, CD players)	<input type="checkbox"/>	<input type="checkbox"/>
Large Electronics (ie Copier, fax machine)	<input type="checkbox"/>	<input type="checkbox"/>
Other Electronic Devices	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>

Source of electronic devices, bare CRTs, and CRT glass (Select all that apply):

- Businesses
- Other e-waste handlers/collectors
- Households
- Government Agencies
- Other:

DESCRIPTION OF TREATMENT/RECYCLING PROCESSES

BARE CRTS/CRT GLASS

- Yoke removal without breaking CRT glass
- Physical separation §
- Separate panel from funnel using pinpoint torch or hot wire §
- Break CRT glass or other treatment for size reduction (crushing, cutting, sawing, compacting, shredding, etc) §
- Other (e.g. remove necks/electron guns, vacuum release, manufacture of glass):

ELECTRONIC DEVICES

- 1. Dismantle electronic devices into their respective components using manual methods and hand tools or mechanical separation of parts. (The only residuals will be components of the electronic device - e.g., plastic, circuit boards, integrated circuits, metals, wiring, UW batteries and lamps, etc.)

2. Process electronic devices by methods that do not generate residual materials exhibiting any hazardous waste characteristics and do not use heat, oil or water. (e.g. treatment methods that generate dust and require a baghouse do not qualify.)
 - Size reduction, crushing, cutting, sawing, compacting, shredding, etc after removing batteries, lamps, and other universal wastes
 - Separation technology
 - Other treatment method that does not generate residuals exhibiting a hazardous waste characteristic and is not scrap metal or a universal waste. Please describe:
- 3. Electronic devices and/or residual printed circuit boards that are not scrap metal and do not qualify for management as universal waste product hazardous waste residuals because of any of the following treatment methods: §
 - Size reduction, crushing, cutting, sawing, compacting, shredding, etc after removing batteries, lamps, and other universal wastes
 - Separation technology
 - Sampling, burning, or ball-milling of samples of electronic devices and/or treatment residues
 - Other treatment method that does not generate residuals exhibiting a hazardous waste characteristic and is not scrap metal or a universal waste. Please describe:

§ ADDITIONAL DOCUMENTS REQUIRED

Please include the following documents along with your signature page:

- Closure Plan (22 CCR Section 66273.76 (a))
- Closure Cost Estimate (22 CCR Section 66273.76 (b))
- Financial Assurance (22 CCR Section 66273.76 (c))
- Financial Responsibility (22 CCR Section 66273.76 (d))

[Continue](#)

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Notice of Intent - Information Verification

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If you [DISAGREE](#) with the suggested changes, please [UNCHECK](#) on this checkbox.

You may also click back and make the necessary changes.

	Your Address as you entered it.	Suggested Address Changes.
Street:	456 test st	456 test st
City:	sacramento	sacramento
State:	CA	CA
Zip:	95814	95814

Errors/Suggested Changes

3.1 - Street not found

To submit your information, click Save or Back to make any changes.

Facility Type: Treatment/Recycling

Would you like to appear on DTSC public website list of handlers/recycler for CRTs and electronic devices? No

Is this facility a temporary collection event location? No

EPA ID Number:

Name:

Address: 456 test st

City, State Zip: sacramento, CA 95814

County: Sacramento

Owner name: test

Owner Address: 456 main st

City, State Zip: sacramento, CA 95814

Type of electronic wastes expected to HANDLE:

- CRT Device
- LCD Monitor
- Laptop with LCD monitor
- LCD Television
- Portable DVD player with LCD screen
- Plasma Television

Type of electronic wastes expected to RECYCLE:

- CRT Device
- LCD Monitor
- Laptop with LCD monitor
- LCD Television
- Portable DVD player with LCD screen
- Plasma Television

Source of electronic wastes, bare CRT, and CRT glass:

- Businesses
- Other collectors/handlers
- Households
- Government Agencies

DESCRIPTION OF TREATMENT PROCESS

→ Yoke removal without breaking CRT glass.

→ Dismantle electronic devices into their respective components using manual methods and hand tools or mechanical separation of parts. (The only treatment residuals will be components of the electronic device - e.g., plastic, circuit boards, integrated circuits, metals, wiring, UW batteries and lamps, etc.).

NOTICE OF INTENT TO RECYCLE DISCLAIMER

You are responsible for reading, understanding, and complying with all of the applicable requirements in the California Code of Regulations (CCR) [Title 22, Division 4.5, Chapter 23](#).

You are required to keep records of all universal waste shipments that you send or receive for a period of three years (see Section 66273.39, of Title 22, Ch. 23, CCR.)

Accept Terms and Submit Notification

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Cancel

Recycler Notice of Intent Certification Page

Property Owner Notification [Title 22, CCR, Section 66273.74(a)(1)(J)].

Thank you for submitting your Notice of Intent to handle/recycle electronic wastes on 03/22/2010 for property located at 456 test st, sacramento, CA 95814. Your facility ID for this facility is 9954.

Please note that DTSC staff must receive and process your signature page before your notification is complete. You may not recycle e-waste until 30 days after DTSC have completed this process (no sooner than 04/21/2010).

You are responsible for reading, understanding, and complying with all of the applicable requirements in [Chapter 23 of Title 22 of the California Code of Regulations \(CCR\)](#) and keeping a record of all universal waste shipments that you send or receive for a period of three years (see Section 66273.39, of Title 22, Ch. 23, CCR.)

I, the CRT and/or UWED handler/recycler, am the property operator the owner of the facility.

I have attached documentation demonstrating that I, the CRT material handler and/or UWED handler, has notified the property owner (if different from the handler) that I am conducting hazardous waste treatment and recycling operation(s) at the facility pursuant [Title 22, California Code of Regulations, Division 4.5, Chapter 23 \(Universal Waste Regulations\)](#).

INSPECTION

I, the CRT material handler and/or UWED handler, am aware that the facility specified in this notification is subject to unannounced inspections by state or local agencies to verify compliance with applicable universal; waste regulations, air laws, worker health and safety laws, local zoning requirements and seismic and precipitation standard requirements.

CERTIFICATION

I certify under penalty of the law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluate the information submitted. Based in my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of our knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [\[Title 22, California Code of Regulations, Division 4.5, Chapter 20, section 66270.11\(d\)\]](#)

Original Signature (non-black ink)

test

Title (Please type in)

test

Printed Name (Please type in)

03/22/2010

Calendar

Date signed (Please type in - mm/dd/yyyy format)

**NOTIFICATIONS MUST BE SUBMITTED TO DTSC BY CERTIFIED MAIL, RETURN RECEIPT REQUEST.
YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE AND SEND IN THIS PAGE.**

Before submitting this page - Click [Print](#) to print out and sign this document before sending to address below.

Mail to: Department of Toxic Substances Control
Consumer Products Unit
Office of Pollution Prevention and Green Technology
P.O. BOX 806
Sacramento, CA 95812-0806
Attention: UWED/CRT Materials Handling Activities

[Submit](#)

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