

### Notice of Intent to Handle and/or Treat or Recycle Electronic Devices, Cathode Ray Tubes (CRTs) and/or CRT glass

Universal Waste Handlers must notify DTSC 30 days prior to accepting and accumulating e-wastes (unwanted electronic devices, CRTs, and/or CRT glass) from offsite sources. Handlers may remove batteries and ink cartridges, and remove CRTs from CRT devices [Title 22 of the California Code of Regulations (CCR) Sections (§) 66273.71 and 66273.72(b)] but may not perform any recycling activity indicated below without notifying as a recycler. **Handlers must fill out pages 1 and 2 of this form.**

Universal Waste Handlers dismantle or treat electronic devices, remove yokes from CRTs, treat or break CRT glass, or treat printed circuit boards [22 CCR §§ 66273.72(c) and 66273.73 (a) and (b)] (Recyclers) must notify DTSC 30 days prior to accepting, accumulating, and treating e-wastes. **Recyclers must fill out the whole form.**

In addition to this one time notification, **recyclers and handlers must also submit any export notifications at least 60 days prior to exporting** any electronic device, CRT, or CRT glass out of the country, and **recyclers and handlers must also submit a completed annual report by February 1 of each year.**

#### **Section A. Business Information [22 CCR § 66273.32(c), 66273.74 (a)] (Handlers and Recyclers)**

If new collection events are being added to an existing business, please check here  and fill out Section A, B, and C.

Business Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

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

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

#### **Section B. Physical location(s) (Handlers and Recyclers)**

**All Business Information must be the same for the facilities listed below. Use additional pages, as necessary. A new [1388 form](#) must be submitted if a facility conducts any treatment activity (See page 3).**

Physical Address, city, state, zip (Check here if address is the same as the mailing address ):

\_\_\_\_\_

County: \_\_\_\_\_ EPA/ State ID Number (if applicable): \_\_\_\_\_

Facility Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner Mailing Address (**Recycling facility only**) \_\_\_\_\_

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

Are there any changes from activity indicated in Section C? \_\_\_\_\_

\_\_\_\_\_

**Additional handling/collection events:**

Physical address, city, state, zip: \_\_\_\_\_

County: \_\_\_\_\_ EPA/ State ID Number (if applicable): \_\_\_\_\_

Facility Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are there any changes from activity indicated in Section C? \_\_\_\_\_

\_\_\_\_\_

Physical address, city, state, zip: \_\_\_\_\_

County: \_\_\_\_\_ EPA/ State ID Number (if applicable): \_\_\_\_\_

Facility Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are there any changes from activity indicated in Section C? \_\_\_\_\_

\_\_\_\_\_

Physical address, city, state, zip: \_\_\_\_\_

County: \_\_\_\_\_ EPA/ State ID Number (if applicable): \_\_\_\_\_

Facility Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are there any changes from activity indicated in Section C? \_\_\_\_\_

\_\_\_\_\_

**Section C. Proposed Activities [22 CCR § 66273.32(c). 66273.74(a)(1)(g)] (Handlers and Recyclers)**

***Materials to Be Handled (Check all applicable boxes):***

- bare CRTs     CRT glass     CRT devices     Laptops with LCD monitors     LCD monitors
- portable DVD players with LCD monitors     plasma televisions     LCD televisions     microwaves
- VCRs     computers     printers     cellphones     telephones     radios
- small consumer electronics     large consumer electronics

***Source of materials (Check all applicable boxes):***

- Businesses     Households     Government agencies     Other handlers     Other \_\_\_\_\_

Could you accumulate 5,000 kg/11,000 lbs or more of universal waste at one time?     Yes     No

**Section D. Handler Certification (optional):**

The information in this form is, to be the best of my knowledge, true, accurate, and complete.

\_\_\_\_\_  
Name of report preparer

\_\_\_\_\_  
Signature of report preparer

\_\_\_\_\_  
Date

**Section E. Treatment [22 CCR § 66273.74(a)] (Recyclers only)**

**Materials to Be Treated (Check all applicable boxes)**

- bare CRTs     CRT glass     CRT devices     Laptops with LCD monitors     LCD monitors
- portable DVD players with LCD monitors     plasma televisions     LCD televisions     microwaves
- VCRs     computers     printers     cellphones     telephones     radios     residual printed circuit boards
- small consumer electronics     large consumer electronics

**Check the box(es) that best describes your treatment/recycling activities.**

Recycler Type I [22 CCR § 66273.72(c)]

- Dismantling electronic devices (including CRT devices) into only their respective components using manual methods, hand tools or mechanical separation of parts only. Treatment residuals are components of the electronic device (e.g., circuit boards, integrated circuits, metals, plastic, wiring, universal waste batteries and lamps, etc.).
- Removing yokes from CRTs without breaking glass.
- Perform size reduction activities (e.g., crushing, compacting) on electronic devices without producing hazardous waste residuals
- Perform physical separation on electronic devices based on properties such as size, color, density, or ferromagnetism without producing hazardous waste residuals

Recycler Type II [22 CCR § 66273.72(a)(2)(A) and § 66273.72(b)(1)]

*Electronic devices and/or residual printed circuit boards that are not scrap metal and do not qualify for management as universal waste produce hazardous waste residuals because of any of the following treatment methods (22 CCR § 66273.73 (c)):*

- physical size reduction activities such as cutting, breaking, shredding, crushing
- physical separation based on properties such as size, color, density, or ferromagnetism
- sampling/ashing and ball-milling of samples of electronic devices and/or treatment residuals

*CRT and/pr CRT glass treatment including any of the following methods (22 CCR § 66273.73(c)):*

- Breaking CRT glass
- Physical size reduction activities such as cutting, breaking, shredding, crushing
- The use of pinpoint torch or hot wire to separate panel from funnel
- Other (e.g., manufacture glass) *please specify* \_\_\_\_\_

**Recycler types I or II who are not the property owner of the treatment facility must notify the property owner that hazardous waste treatment will be performed at the facility [22 CCR § 66273.74(a)]**

- I have attached documentation demonstrating that I, the universal waste handler, have notified the property owner that I am conducting hazardous waste treatment at the facility pursuant 22 CCR Chapter 23.
- I, the universal waste handler, am the property owner of the facility specified in Section “A”.

**All treatment facilities (Recycler Type I or II) are subject to inspection**

I, the universal waste handler, am aware that the facility specified in Section "A" 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 design standard requirements.

**Type II Recyclers must provide additional documentation**

- Closure Plan [22 CCR § 66273.76(a)]
- Cost estimate for closure [22 CCR § 66273.76(b)]
- Financial responsibility for liability [22 CCR § 66273.76(c)]
- Financial Assurance for closure [22 CCR § 66273.76(d)]

**Section F. Certification**

**Recyclers:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on 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 be the best of my 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. [22 CCR § 66273.74(d) and 66270.11(d)]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Original Signature (non-black ink)

\_\_\_\_\_  
Date

**Section I. Hardcopy notifications and any supplemental information must be submitted to DTSC by certified mail, return receipt request.**

MAIL TO: Department of Toxic Substances Control  
Universal Waste Notification and Reporting Staff  
P.O. BOX 806  
Sacramento, CA 95812-0806  
Attention: Universal Waste Handling Activities