



Maine Household Television & Computer Monitor Recycling Program Change of Handling Option Identified in Manufacturer Compliance Plan

Company Name: _____

Mailing Address: _____

Street Address: _____

Town: _____

State: _____ Zip: _____ Country: _____

- I confirm that I have read the Maine DEP's *Guidance for Implementing Handling Option 1 under Chapter 415* and understand the respective responsibilities of the manufacturer, the consolidator, and the manufacturer's designated recycler when implementing "Handling Option 1".
- I confirm that this company is changing its plan for compliance with Maine's E-Waste Law to reflect its selection of consolidator "Handling Option 1" as described in 06-096 CMR 415.3.A, and
- I identify _____ as this company's designated recycler for household televisions and/or computer monitors managed in accordance with Maine's E-Waste Law. The contact name, address, telephone number, and e-mail address for this recycler is: _____

_____.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

PHONE NUMBER: _____

TITLE: _____

EMAIL: _____

Submit this form to: Carole Cifrino, Maine DEP, State House Station 17, Augusta, ME 04333-0017