General Permit Registration
Form for the Collection and Storage of Post-Consumer Paint

The Representative Organization shall submit separate registrations to register each separate Retailer for this general permit. A Retailer with multiple retail locations may have multiple Paint Collection Sites identified in a single registration under this general permit. Please complete this form in accordance with the instructions (DEEP-RCY-INST-015) to ensure the proper handling of your registration. Print or type unless otherwise noted.

**Part I: Registration Type**

Check the appropriate box identifying the registration type.

<table>
<thead>
<tr>
<th>This registration is for a (check all that apply):</th>
<th>For renewals and re-registrations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] New general permit registration</td>
<td>1. Previous registration number:</td>
</tr>
<tr>
<td>[ ] Reregistration of an existing authorization</td>
<td>2. Expiration Date:</td>
</tr>
</tbody>
</table>

Town(s) where the paint collection site(s) are located: __________________________

**Part II: Fee Information**

The Representative Organization is responsible for the administrative costs associated with the paint stewardship program, including the cost of registration under this general permit as established under the approved Paint Stewardship Program Plan. There is no fee assessed to the Registrant. [1862]
Part III: Registrant Information

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated exactly as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).

- If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr., Sr., II, III, etc.)

- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

<table>
<thead>
<tr>
<th>1. Retailer/Registrant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>Business Phone:</td>
</tr>
<tr>
<td>Contact Person:</td>
</tr>
</tbody>
</table>

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Registrant Type (check one): ☐ individual ☐ *business entity

- If a business complete i through iii:
  - i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership ☐ limited liability partnership ☐ statutory trust ☐ Other: __________________________
  - ii) provide Secretary of the State business ID #: __________________________ This information can be accessed at [CONCORD](#)
  - iii) ☐ Check here if your business is NOT registered with the SOTS.

☐ Check here for any co-registrants. For each co-registrant, attach additional sheet(s) with the required information as requested above.

- b) Registrant's interest in property at which the proposed activity is to be located:
  - ☐ site owner ☐ option holder ☐ lessee ☐ easement holder ☐ operator
  - ☐ other (specify): __________________________

<table>
<thead>
<tr>
<th>2. Representative Organization’s primary contact for departmental correspondence and inquiries, if different than the registrant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City/Town: State: Zip Code:</td>
</tr>
<tr>
<td>Business Phone: ext.</td>
</tr>
<tr>
<td>Contact Person: Title:</td>
</tr>
</tbody>
</table>

*Email:
Part III: Registrant Information (continued)

3. Property Owner, if different than the registrant:
   Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.
   Contact Person: Title:
   *Email:

   *By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify the department if your e-mail address changes.

Part IV: Paint Collection Site Information

1. Name of Paint Collection Site:
   Street Address or Location Description:
   City/Town: State: Zip Code:

2. Name of Paint Collection Site:
   Street Address or Location Description:
   City/Town: State: Zip Code:

3. Name of Paint Collection Site:
   Street Address or Location Description:
   City/Town: State: Zip Code:

4. Name of Paint Collection Site:
   Street Address or Location Description:
   City/Town: State: Zip Code:

☐ Check here if additional space is needed to register additional paint collection sites. Submit additional sheets as necessary to provide the information in Part IV for each paint collection site.
Part V: Supporting Documents

Check the appropriate box for the attachment being submitted to verify that all applicable attachments have been submitted. When submitting any supporting documents:

1. label each document with its respective attachment letter (e.g., Attachment A, etc.);
2. include the registrant’s name as registered with the Secretary of State and on this registration form.

**REQUIRED FOR NEW PAINT COLLECTION SITES ONLY:**

- Attachment A: 8 ½” x 11” copies of the appropriate USGS Quadrangle Map portion and shall indicate the location of each retail paint collection site being registered. Multiple retail paint collection sites may be indicated on each USGS Quadrangle Map. Show the exact location of each Paint Collection Site and the area within a one mile radius of the Paint Collection Site(s). Identify the quadrangle name and number on such copy.

If multiple USGS Map copies are attached, please indicate the total number of USGS Map copies attached: ______________

Part VI: Certification

Both the Retailer/Registrant and the Authorized Signatory of the Representative Organization must sign this part. A registration will be considered incomplete unless all required signatures are provided.

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”

<table>
<thead>
<tr>
<th>Signature of Retailer/Registrant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Retailer/Registrant (print or type)</td>
<td>Title (if applicable)</td>
</tr>
<tr>
<td>Signature of Authorized Representative of the Representative Organization</td>
<td>Date</td>
</tr>
<tr>
<td>Printed Name of Authorized Representative of the Representative Organization</td>
<td>Title (if applicable)</td>
</tr>
</tbody>
</table>

Note: Please submit this completed Registration Form, including supporting documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127