**Attachment E: Transporters and Facilities Incidental to Transportation**

This form, including all required documentation, shall be completed for: 1) each transporter used to transport CEDs from the initial site used to collect CEDs from consumers to the initial recycling facility, where CEDs are first dismantled, crushed, shredded or processed in a similar manner; and 2) each facility incidental to transportation as defined under “Recycling Facility” in RCSA section 22a-638-1(a). For more details, see [Instructions for Completing the Application Form to Become a CER](https://portal.ct.gov/-/media/DEEP/E-waste/cerinstpdf.pdf) [DEEP-E-WASTE-INST-002].

This form must be completed in its entirety except where indicated. Attach additional sheets as needed. Please note that any transporter or facility included in this attachment must also be disclosed in Attachment C of the CER application.

Indicate whether the entity is a (check all that apply):

Transporter (complete Parts I, III and IV for each transporter)

Facility Incidental to Transportation (complete Parts II, III and IV for each facility incidental to transportation) Notes:

If the entity meets the definition of a transporter and a facility incidental to transportation, then only one form

needs to be completed for that entity. In this case, the applicant will need to complete all sections of this form.

If the facility stores CEDs for greater than 10 calendar days, it would be considered a “Recycling Facility” as defined in RCSA section 22a-638-1(a). In this case, an Attachment D form is required to be completed instead of an Attachment E form.

# Part I: Transporter Information

Provide the following information for ***each*** transporter.

|  |
| --- |
| **1.** Name of Transporter: Location Address:  City/Town: State: Zip Code:  Business Phone: ext.  Contact Person: Title:  Email: |
| **2.** List all permits, licenses or approvals (if any): |
| **3.** Provide the following for a description of the transportation capacity:  Fleet size: |
| Transportation capacity in cubic yards: |

# Part II: Facility Incidental to Transportation

Provide the following information for ***each*** facility incidental to transportation.

|  |
| --- |
| 1. Name of Facility: Location Address:  City/Town: State: Zip Code:  Business Phone: ext.  Contact Person: Title:  Email: |
| 2. List all permits, licenses or approvals (if any): |
| For facilities incidental to transportation located in Connecticut:   * If such facility accumulates 5,000 kg (11,000 lbs.) or more of universal wastes as defined in  [RCSA section 22a-449(c)-113,](https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7BB88DF805-60C0-4724-8B52-8D168402C46F%7D) the facility must submit a completed EPA form entitled "*RCRA Subtitle C Site Identification Form*" (included in the Notification of Regulated Waste Activity Instructions and Forms EPA Form 8700-12, latest revision), to the Department's Waste Engineering and Enforcement Division. A copy of this form and instructions are available on the EPA website at [www.epa.gov/osw/inforesources/data/form8700/forms.htm](https://rcrapublic.epa.gov/rcrainfoweb/documents/notification.pdf) or by calling the Department’s Waste Engineering and Enforcement Division at 860-424-3023. * If the Recycling or Disposal Facility is a Large Quantity Handler pursuant to [RCSA section 22a-449(c)-113](https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7BB88DF805-60C0-4724-8B52-8D168402C46F%7D) and the facility disassembles used electronics, it must obtain authorization to conduct the disassembly of used electronics pursuant to [CGS section 22a-208a.](https://www.cga.ct.gov/current/pub/chap_446d.htm#sec_22a-208a) * If the Recycling or Disposal Facility engages in one-day collection activities for used electronics including CEDs, the facility may need to obtain a registration under the [General Permit to Perform One-Day Collections of Certain Wastes and Household Hazardous Waste](http://www.ct.gov/deep/cwp/view.asp?a=2709&amp;q=324210&amp;deepNav_GID=1643&amp;CollectHazWasteGP) (“One-Day GP”). Note: the One-Day GP would not be needed, however, if the only wastes collected are universal wastes.  1. Is the facility managing CEDs as a Universal Waste? Yes No\*   \*For facilities located in Connecticut: if the facility is not managing CEDs as a universal waste used electronics under [RCSA section 22a-449(c)-113,](https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7BB88DF805-60C0-4724-8B52-8D168402C46F%7D) then a Solid Waste permit from the Department may be needed.   1. Is the facility managing CEDs under [ERCC BMP guidelines](http://www.ecycleclearinghouse.org/Content.aspx?pageid=95)? Yes No |

# Part II: Facility Incidental to Transportation (continued)

|  |
| --- |
| 1. Indicate the activities incidental to transportation being performed:    1. Will the facility also be used to collect CEDs directly from residents: Yes No    2. Activities performed prior to delivery to initial recycling facility (check all that apply): Aggregation or Storage of pre-packaged CEDs   Transfer of pre-packaged CEDs from one mode of transportation to another   * 1. Activities performed after initial recycling facility (check all that apply): Aggregation or Storage of prepackaged CEDs and components of CEDs   Transferring pre-packaged CEDs or components of CEDs from one mode of transportation to another |
| 6. **a.** Provide a description of how the facility will store CEDs and/or components of CEDs: |
| 1. If the storage will be inside a building, provide the storage area in square feet: The storage capacity in cubic yards: 2. If storage will be inside trailers, provide the number of trailers: The storage capacity of each trailer in cubic yards: |

**Part III: Compliance History**

This Part is applicable to Transporters and Facilities Incidental to Transportation. If you answer ***yes*** to any of the questions below, you must complete Part IV: Table of Enforcement Actions.

|  |
| --- |
| A. During the five years immediately preceding submission of this form, has the transporter or facility where, for no more than 10 days, activities incidental to transportation are being conducted been convicted in any jurisdiction, foreign or domestic, of a criminal violation of any environmental law? |
| Yes No |
| B. During the five years immediately preceding submission of this form, has a civil penalty been imposed upon the transporter or facility where, for no more than 10 days, activities incidental to transportation are being conducted in any state, including Connecticut, in any federal judicial proceeding, or in any other country for any violation of an environmental law? |
| Yes No |
| C. During the five years immediately preceding submission of this form, has a civil penalty exceeding five thousand dollars been imposed on the transporter or facility where, for no more than 10 days, activities incidental to transportation are being conducted in any state, including Connecticut, in any federal administrative proceeding, or in any other country for any violation of an environmental law? |
| Yes No |
| D. During the five years immediately preceding submission of this form, has any state, including Connecticut, federal court, or court of another country issued any order or entered any judgment to the transporter or facility where, for no more than 10 days, activities incidental to transportation are being conducted concerning a violation of any environmental law? |
| Yes No |
| E. During the five years immediately preceding submission of this form, has any state, including Connecticut, federal administrative agency, or governmental agency of another country issued any order to the transporter or facility where, for no more than 10 days, activities incidental to transportation are being conducted concerning a violation of any environmental law? |
| Yes No |

# Part IV: Table of Enforcement Actions

If you have answered *yes* to any of the questions in Part III: Compliance History, you must complete the following table.

|  |  |  |
| --- | --- | --- |
| Type of Action: | Type of Action: | Type of Action: |
| Date Commenced: | Date Commenced: | Date Commenced: |
| Date Terminated: | Date Terminated: | Date Terminated: |
| Jurisdiction: | Jurisdiction: | Jurisdiction: |
| Case/Docket/Order Number: | Case/Docket/Order Number: | Case/Docket/Order Number: |
| Description of Violation(s): | Description of Violation(s): | Description of Violation(s): |

Check the box if additional sheets are attached