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# Connecticut Department of Energy & Environmental Protection

Bureau of Materials and Management & Compliance Assurance

Sustainable Materials Management, Office of Policy and Planning

**CPPU USE ONLY**

**App #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doc #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program: EPR**

# Notice of Intent to Submit a Gas Cylinder Stewardship Plan

Please complete this form in accordance with [Public Act 22-27](https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00027-R00HB-05142-PA.PDF) to ensure the proper handling of your notification. **This notification form must be submitted by January 1, 2023 to the address indicated at the end of this form.**

**Part I: Notification Type**

Check the appropriate box identifying the notification type.

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| This notification is for (check one):[ ]  Notice of intent to form a joint stewardship organization: A Lead Notifier should complete this entire form on behalf of the organization.[ ]  Notice of intent to form an individual stewardship organization.  |

## Part II: Organization Description

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| Provide a description of the stewardship organization. Include name of organization, list all participants and contact information for each participant. Submit as Attachment A if needed.       |

**Part III: Lead Notifier/Individual Notifier Information**

* ***\*****If a Notifier 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, the notifier name shall be stated* ***exactly*** *as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP.* This information can be accessed at *the Secretary of State's* *database (*[*onlineBusinessSearch (ct.gov)*](https://service.ct.gov/business/s/onlinebusinesssearch?language=en_US)*).*
* *If a Notifier 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](https://portal.ct.gov/-/media/DEEP/permits_and_licenses/common_forms/infochangeCPPUdoc.doc) to the address indicated on the form.*

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| **1. Lead Notifier/Individual Notifier Name:**      Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      \*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject notification. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes.***If applying as a joint stewardship organization, be sure to list participants in Part II of this form or attach names of all companies as Attachment A.*** |
| 1. **Primary contact for departmental correspondence and inquiries, if different than the Notifier.**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      \*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject notification. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes. |

**Part IV: Supporting Documents**

Check the box below if applicable. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the Notifier's name as indicated on this form. The lead notifier only needs to list the producers participating in the stewardship organization but must maintain all records indicating that each producer has consented to participate in this stewardship organization and has authorized the lead notifier to submit this form on its behalf. These records must be provided to the Commissioner upon request.

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| [ ]  Attachment A:List of all producers joining your organization and contact information for each participant, unless otherwise provided under Part II of this form. |

## Part V: Notifier Certification

The Notifier must sign this part. This notification application will be considered incomplete unless signed by the lead notifier for a joint stewardship organization or the notifier for an individual stewardship organization.

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| “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 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.I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”“By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.” |
|  |  |  |
| Signature of Notifier | Date |
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| Printed Name of Notifier  | Title (if applicable) |
|  |  |  |
| Signature of Preparer (if different than above) | Date |
|  |  |  |
| Printed Name of Preparer  | Title (if applicable) |
|  |

Note: Please submit this completed Notification Form and all Supporting Documents to: Tom Metzner at: Tom.Metzner@ct.gov