

Municipal Collection Site Registration Application

APPLICANT INFORMATION

Applicant Name:		Phone:	Fax:
Mailing Address:		City:	Postal Code:
Shipping/Courier Address:		City:	Postal Code:
Main Contact Name:		Position Title:	
Email:		Phone (Direct or Cell):	
Alternate Contact Name:		Position Title:	
Email:		Phone (Direct or Cell):	

SITE INFORMATION (to be posted on albertarecycling.ca)

If the space below is not sufficient, please attach a complete list with site details.

Site Name:	Site Specific Questions		
Site Address or Legal Land Description:	Paint exchange at site?	Yes	No
Site Phone Number:	Accepts commercial paint?	Yes	No
Programs: <input type="checkbox"/> Electronics <input type="checkbox"/> Paint <input type="checkbox"/> Tires	Is this site a landfill?	Yes	No
	Tire Marshalling Area?	Yes	No
	Tipping Fee charged?	Yes	No

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PROCESSOR(S) USED (as applicable)

Electronic Processors	<input type="checkbox"/> CPE Plastic Recycling Ltd.	<input type="checkbox"/> Recycle Logic
	<input type="checkbox"/> e-Cycle Solutions Ltd.	<input type="checkbox"/> Shanked Computer Recycling Inc.
	<input type="checkbox"/> GEEP Alberta Inc.	<input type="checkbox"/> Technotrash Alberta
	<input type="checkbox"/> Hi Tech Recyclers	
Paint Processors	<input type="checkbox"/> DBS Environmental	<input type="checkbox"/> Nor-Alta Waste & Site Services Inc.
	<input type="checkbox"/> EnviroSORT Inc. (A Clean Harbors Company)	<input type="checkbox"/> The Recycle Systems Company Inc.
Tire Processors	<input type="checkbox"/> Alberta Environmental Rubber Products (AERP)	<input type="checkbox"/> Liberty Tire Recycling Canada Ltd.

APPLICANT CERTIFICATION

I certify that all of the information contained within this registration form is complete and accurate. I understand the information I provide to Alberta Recycling may be shared with the Registered Processors and is subject to review and audit.

I have read and hereby certify I am in compliance with the Alberta Recycling Municipal Collection Site Requirements (the Requirements) for each of the sites identified.

Signature:	Date:
Print Name:	Position Title:

If this form has been filled out electronically, please print and sign it to complete your application. The application may be submitted to Alberta Recycling electronically (scan and email or fax) or in hard copy form.

Email: collection.sites@albertarecycling.ca
Fax: 1-866-990-1122
Mail: P.O. Box 189, Edmonton, AB T5J 2J1

FOR OFFICE USE

Registration Number(s)	Date Approved	New Site Package Provided