



Mailing Address: P.O. Box 189
Edmonton, AB T5J 2J1
Toll Free Telephone: 1-888-999-8762
Email: collection.sites@albertarecycling.ca

Electronics Collection Funding Request - Information & Certification

REGISTERED COLLECTOR INFORMATION

Collector Name:		Registration Number:
Collection Site Name:		Phone Number:
Last Shipment Date/Collection Period:	Date Pickup Requested:	Date Shipped:

CERTIFICATION OF SHIPMENT

Registered Electronics Processor:

Attach Processor Scale Ticket for Each Shipment

Attach Completed Material Transportation Manifest

CERTIFICATION

I certify the following:

1. This request for collection funding is made under the Alberta Recycling Management Authority (ARMA) current Electronics Recycling Program (the Program) and is subject to the terms and conditions of the Program.
2. To the best of my knowledge, all of the information contained within this collection funding request is correct. I understand this information is subject to audit and the detailed records which substantiate the information herein are available upon request.
3. To the best of my knowledge, the End-of-Life electronics (EOL electronics) collected and for which I have submitted this funding request originated in Alberta and are eligible for funding under the program.
4. The collection transaction for which funding is claimed hereunder involves an actual transfer of title and risk to an arms-length Registered Processor that is actively in operation and using the EOL electronics for a purpose allowed by the Program.
5. Collection funding is being claimed only for eligible EOL electronics that includes televisions (FPD and CRT); computer monitors (FPD and CRT); computers (CPUs) and servers; computer peripherals - mouse, keyboard, cables, computer speakers; laptop, notebook and tablet computers; printers, copiers, scanners, fax machines (stand-alone and combination units up to 1,000 kg), as detailed in the Registered Collection Site Requirements.
6. Storage of EOL electronic inventory by the above collector complies with all applicable environmental, health, fire and safety regulations.
7. The above collection site meets the Program's Registered Collection Site Requirements.

Dated the _____ day of _____, 20____

Print Name: _____

Title: _____

Signature: _____



Mailing Address: P.O. Box 189
 Edmonton, AB T5J 2J1
 Toll Free Telephone: 1-888-999-8762
 Email: collection.sites@albertarecycling.ca

Electronics Collection Funding Request - Eligible Product Volume

REGISTERED COLLECTOR INFORMATION

Shipment Date:

Registration Number:

FUNDING REQUEST FOR ELIGIBLE ELECTRONICS SHIPPED TO A REGISTERED PROCESSOR

Eligible Scale Ticket Weights:

- * Weight of only eligible Electronics shipped to a Registered Processor for recycling.
- * Valid digitally printed processor Scale Ticket

1. Enter the Net Processor Scale Ticket Eligible Weight Kg.
2. Divide by 1000 for Total Eligible Tonnes.
 - a. Keep to three decimal points.
3. Multiply the Total Eligible Tonnes by \$155 to calculate the Total Funding Request Amount.

FUNDING REQUEST CALCULATION

Eligible Electronics Scale Ticket Weight (Kg)	
Calculate Funding	÷ 1000
Total Eligible Tonnes (Use three decimal places)	
Calculate Funding	X \$155 per tonne
Electronics Funding Request \$	

****Attach Completed Material Transportation Manifest****

****Attach Copy of Pilot Material Scale Ticket****



**Electronics Collection Incentive
Material Transportation Manifest**

PART A: COLLECTOR INFORMATION (COMPLETED BY COLLECTION SITE OR COMPANY)

Collector /Company Name:		Registration Number:	Phone Number:
Collection Site Name (if different from above):		Collection Site Location:	
Contact Name: (Print)	Signature:		Date Shipped:

PART B: TRANSPORTER INFORMATION (COMPLETED BY TRANSPORTER)

Transporter Company Name:	
Address:	City:
Contact Name:	Phone No:

Transport Zone		Zone Rate	Check Zone
Zone 1	Within a 100 km radius around the Calgary - Edmonton corridor.	\$98	
Zone 2	All areas of the province outside zone 1 and zone 3	\$234	
Zone 3	Within the northern zone, being delineated by the northern boundary of Township line 70	\$302	

Name of Driver (print):	Signature of Driver:
-------------------------	----------------------

PART C: PROCESSOR INFORMATION (COMPLETED BY PROCESSOR)

Processor Company Name:	Phone No:
Address:	City:
Date Received:	Reporting Month:
Eligible Program Tonnage Shipped:	Program Scale Ticket Number:
Ineligible Tonnage Shipped:	
Pilot Tonnage Shipped:	Pilot Scale Ticket Number:
Name of Receiver (print):	Signature of Receiver: