

 **6 NYCRR PART 367 NOTIFICATION FORM FOR REDEMPTION CENTER REGISTRATION**

Please read and follow all instructions before completing this form.

DEPARTMENT USE ONLY
DEC REGISTRATION# _____ - _____
DEC REGION _____

PLEASE TYPE OR PRINT CLEARLY

THIS IS NOT AN UPA PERMIT

1. Facility Name and Location		2. Facility Owner's Name	
Street		Mailing Address	
City/Town/Village		City/Town/Village	
Town	County	State/Zip Code	
Telephone Number		Telephone Number	
Email Address		Email Address	
3. Facility Operator's Name (if different)		4. Site Owner's Name (if different)	
Mailing Address		Mailing Address	
City/Town/Village		City/Town/Village	
Town	County	Town	County
Telephone Number		Telephone Number	
Email Address		Email Address	
5. Type of Redemption Center (check all applicable)			
<input type="checkbox"/> Redemption Center <input type="checkbox"/> Dealer <input type="checkbox"/> Distributor <input type="checkbox"/> Fund Raising <input type="checkbox"/> Non-Profit <input type="checkbox"/> Mobile Redemption Services			
6. Name and Address of any dealer(s) and/or distributor(s) served or under contract (attach additional pages if necessary)			
7. Hours of Operation		8. General Geographic Area Served	
9. Do you hold any other DEC permits or registrations? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list		10. Have you notified and/or obtained any necessary approvals from the city, town or village in which you wish to locate? Please attached a copy of any documents obtained from that municipality. <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Certification: I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority as _____ (title) of _____ (Entity) to sign this form pursuant to 6 NYCRR Part 367. By signing this form, I affirm that I have read the applicable law at Article 27, Title 10 of the Environmental Conservation Law and regulations at 6 NYCRR Part 367 and will abide by all requirements therein. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant Section 210.45 of the Penal law.			
Printed/Typed Name		Signature	Date

**Instructions for Completion of a
6 NYCRR PART 367 NOTIFICATION FORM FOR REDEMPTION CENTER REGISTRATION**

GENERAL

This form serves as notification to the New York State Department of Environmental Conservation (DEC) of the establishment of a redemption center as required by 6 NYCRR Part 367 for the registration of such redemption center with DEC. Make every effort to enter the information requested in the spaces provided on this form, but **attach additional sheets where space prohibits full and complete answers**. For the purposes of this form, the term “facility” shall mean “redemption center.” The owner or operator must sign this form and must submit the completed form to:

NYSDEC
Bureau of Solid Waste, Reduction & Recycling
625 Broadway
Albany, NY 12233-7253

There is no cost to obtain a redemption center registration. Please allow 30 days for processing of this application.

PLEASE NOTE: You are required to notify DEC in writing of any changes to the information submitted on this form. Changes should be sent to the address listed above.

ITEM NUMBER

1. Enter the name and address of the facility.
2. Identify the entity or person who owns the facility. If a business entity (such as a corporation, limited partnership, limited liability company, limited liability partnership, general partnership, or sole proprietorship) owns the facility, please provide a copy of any certificates filed with the New York State Department of State and/or with the county clerk in each county in which the entity conducts or transacts business.
3. Identify the entity or person responsible for the overall management and operation of the facility. If a business entity (such as a corporation, limited partnership, limited liability company, limited liability partnership, general partnership, or sole proprietorship) operates the facility, please provide a copy of any certificates filed with the New York State Department of State and/or with the county clerk in each county in which the entity conducts or transacts business.
4. Identify the entity or person who owns the site on which the facility is situated, or who will own the site on which the proposed facility will be situated, if different than the current facility owner.
5. Check all the appropriate boxes that describe the redemption center that is the subject of this registration.
6. Enter the name and address of any dealers and/or distributors that will be under contract or served by the facility.
7. Indicate the normal schedule of facility operation (i.e., Monday - Saturday, 9:00 a.m. to 5:00 p.m., closed Sunday).
8. Enter the name of all municipalities (counties, cities, towns and/or villages) in the existing and/or proposed service area of the facility.
9. Indicate any DEC permit or registration held by the facility, facility owner, facility operator or site owner.
10. Indicate whether the municipality (county, city, town or village) has been notified and whether any necessary approvals have been obtained. If certain municipal approvals are necessary, please attach copies of documentation showing that such approvals have been obtained (ex., zoning board approval).
11. The certification block **must** be completed by the registrant.