

**Used Electronic Equipment Questionnaire**

Date: \_\_\_/\_\_\_/\_\_\_

1. Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_
- Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Website: \_\_\_\_\_

2. Does your company or organization receive or otherwise manage used electronics from off-site sources?     Yes     No  
If No, go to Question 7.

3. Are any of these off-site sources not owned by your company/organization?  
 Yes     No

4. Our off-site sources include (check all that apply):

- Private Citizens
- Businesses
- Government Offices
- Institutions (e.g., schools, universities, hospitals)
- Government-sponsored collection activities/events
- Other (specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please check each activity or service that applies to your operations involving used electronics from off-site sources:

- Transportation
- Storage
- Repair
- Refurbishing
- Dismantling
- Recycling
- Disposal
- Other activities or services (Please Describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please briefly describe the disposition of any used electronic components received from off-site after your company/organization has completed its activities (e.g., "Still-useable hard drives are sold for reuse"; "Broken CRT's are shipped as hazardous waste.")

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7. Contact information: Name, title, telephone number of the person that NYSDEC should contact for questions about this questionnaire.

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Please mail or fax the completed questionnaire to:

Waste Determination and Analysis Section  
Bureau of Hazardous Waste Regulation  
Division of Solid & Hazardous Materials  
625 Broadway - 9<sup>th</sup> Floor  
Albany, NY 12233-7251  
Telephone: (518) 402-8633  
Fax: (518) 402-9024