

**SAMPLE "C7" NOTIFICATION FOR ELECTRONIC WASTE  
COLLECTORS/CONSOLIDATORS/RECYCLERS**

To: Training & Technical Support Section  
Bureau of Technical Support  
Division of Environmental Remediation  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, NY 12233-7020

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

THIS FORM IS NOT REQUIRED IF Part V of CCR-REG has been completed and filed with the Department.

Please be advised that \_\_\_\_\_  
(Collector/Consolidator/Recycler company name)

\_\_\_\_\_  
(Street address)  
intends to use the scrap metal exemption of 6 NYCRR 371.1(g)(1)(iii)(b) for (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Computer Monitors | <input type="checkbox"/> Central Processing Units       |
| <input type="checkbox"/> Keyboards         | <input type="checkbox"/> Other units (please describe): |

\_\_\_\_\_  
received from its customers.

This facility will (check all that apply):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Segregate   | <input type="checkbox"/> Refurbish  |
| <input type="checkbox"/> Inventory   | <input type="checkbox"/> Dismantle (separate equipment components)          |
| <input type="checkbox"/> Consolidate | <input type="checkbox"/> Recycle (process or reclaim materials to raw form) |
| <input type="checkbox"/> Repair      | <input type="checkbox"/> Other activities or services (please describe):    |

\_\_\_\_\_  
the electronic items received, with scrap metal pieces obtained during the dismantling routed to

\_\_\_\_\_  
(Name of scrap metal recycling company)

\_\_\_\_\_  
(Address of scrap metal recycling company)

For outgoing scrap metal shipments, the facility intends to use the processed scrap metal exclusion of 371.1(e)(1)(xiii). The scrap metal pieces will ultimately be smeltered at

\_\_\_\_\_  
(Smelter company name)

\_\_\_\_\_  
(Address of smelter)

(If more than one scrap metal recycler or smelter are used, please attach a list with company names and addresses).

Please contact \_\_\_\_\_  
(Print name and title of collector/consolidator/recycler company representative)

at \_\_\_\_\_ if you have any questions.  
(Phone number)

Sincerely,

\_\_\_\_\_  
(Signature or name of company representative)

Please email the completed notification form to SQGINFO@gw.dec.state.ny.us. If you are unable to submit the form by email, please mail to the address listed above or fax to (518) 402-9020.

Please call (518) 402-9553 if you have any questions about this form.