

# REGISTRATION FORM NEWFOUNDLAND AND LABRADOR USED BEVERAGE CONTAINER RECYCLING PROGRAM



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to a greener future

Registered Business Name	
Operating Name (if different from above)	

### CHECK APPLICABLE BOX(ES)

<input type="checkbox"/> First Time Registrant	
<input type="checkbox"/> Application Changes	<p>You are required to notify the Multi-Materials Stewardship Board (MMSB) of any changes to your registration information – please complete the applicable fields below and resubmit the updated form to MMSB. Please note that if you sell or cease operations, you are required to notify MMSB in writing as soon as possible.</p> <p>Registration Number: _____</p>

### MAILING ADDRESS

Street		P.O. Box	
City or Town	Province	Postal Code	

### STREET ADDRESS (if different from mailing address above)

Street		P.O. Box	
City or Town	Province	Postal Code	

### CONTACT INFORMATION

<b>Contact 1</b>	
Title	
Email	
Telephone	Fax
<b>Contact 2</b>	
Title	
Email	
Telephone	Fax
<b>Accounting Contact (if applicable)</b>	
Title	
Email	
Telephone	Fax

### INTERNAL USE ONLY

Registration Number		Initial	
Date Application Received		Initial	
Date of Application Changes		Initial	

**REGISTRATION FORM**

**NEWFOUNDLAND AND LABRADOR  
USED BEVERAGE CONTAINER  
RECYCLING PROGRAM**



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START DATE OF OPERATIONS (IF APPLICABLE)	
Start date of sales for your business	
Do you sell to other program registrants? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please identify below:	
1.	
2.	
3.	
4.	
5.	

**WHERE TO SUBMIT**

Completed forms can be submitted in hardcopy or electronic format to the following addresses:

Mail/Delivery: Multi-Materials Stewardship Board  
P.O.Box 8131, Station A  
St. John's, NL  
A1B 3M9  
Phone: 709-753-0948  
Toll- Free: 1-800-901-6672  
Fax: 709-753-0974  
Email: auditor@mmsb.nl.ca

The applicant hereby applies for registration with MMSB and states that the information provided above is true. By signing this agreement, the applicant understands the obligations of this registration under the Newfoundland and Labrador Used Tire Management Program.

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_