REGISTRATION FORM

NEWFOUNDLAND AND LABRADOR USED BEVERAGE CONTAINER RECYCLING PROGRAM

Registered Business Name	
Operating Name (if different from above)	

CHECK APPLICABLE BOX(ES)	
☐ First Time Registrant	
☐ Application Changes	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. Registration Number: _____

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			
Contact 1			
Title			
Email			
Telephone		Fax	
Contact 2			
Title			
Email			
Telephone		Fax	
Accounting Contact (if applicable)			
Title			
Email			
Telephone		Fax	

INTERNAL USE ONLY			
Registration Number		Initial	
Date Application Received		Initial	
Date of Application Changes		Initial	

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START DATE OF OPERATIONS (IF APPLICABLE)	
Start date of sales for your business	
Do you sell to other program registrants? ☐ YES ☐ 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:

MMSB
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:registration@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 Beverage Container Recycling Program.

Completed by: _____ Title: _____

Authorized Signature: _____ Date: _____