State of North Carolina
Department of Environment and Natural Resources

Electronics Management Program Recycling Centers

List all recycling centers covered in your Recycling Plan. For manufacturers with more than 10 sites, attach additional copies of this form.

Manufacturer Name: _____

1 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

2 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

3 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

4 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

5 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

6 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

7 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

8 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

9 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____

10 Center Name _____ Contact Person _____
Street Address _____ Hours of Operation _____
City _____ State _____ Zip _____ Phone _____