



**INSIGNIFICANT WASTE MANAGEMENT EVENT APPROVAL (IWMEA)  
APPLICATION FORM FOR**

**Electronics Waste Collection Events  
December 2014**

**SITE & PERSONNEL INFORMATION (Please Print):**

1. Collection Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
2. Applicant/Event Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- Telephone number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
  
3. Contact Person for the Collection Event: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
  
4. Person Completing Form (if other than Applicant) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
  
5. Transporter/Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
  
6. Landowner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- Telephone Number: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_

**Landowner: Your signature constitutes approval to use this site for the collection event.**

**COLLECTION EVENT INFORMATION**

- 1. Wastes to be Collected:                      Electronics
- 2. Date(s) of Collection:
  - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
  - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
  - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- 1. An up-to-date Safety, Accident and Contingency Plan for this site;
- 2. A site map (minimum size 8 ½" x 11" - may be hand drawn) showing the location where the collection event will occur and the location of other site appurtenances such as buildings or access roads; and
- 3. A written approval from the Landowner if this form is not signed on Page 1.

**SIGNATURES**

Your signature certifies that you have read and will adhere to the Vermont Solid Waste Management Rules and are familiar with the collection event as proposed and agree to abide by the terms of the IWMEA. Failure to do so may result in an enforcement action being taken against you. **This application will not be processed unless all required signatures are received.**

Applicant/Event Operator: \_\_\_\_\_

**Submit Completed Form To:** [cathy.stacy@state.vt.us](mailto:cathy.stacy@state.vt.us) or Cathy’s attention at:



Agency of Natural Resources  
 Waste Management & Prevention Division  
 One National Life Drive, Davis 1 Bldg., Montpelier, VT 05620-3704