

## Recycling Agent's Acknowledgement Form

Recycling Agents are retailers or persons or entities that remove or receive refrigerators, freezers, water heaters, room air conditioners, clothes washers, dishwashers, central air conditioners, and heat pumps (Appliances) that are replaced by new appliances for the purpose of recycling the Appliance. Recycling Agents acknowledge that they will:

1. Recycle all Appliances that they receive in compliance with Federal and State law.
2. Sort and reprocess recyclable materials (e.g. plastics, metals, and glass) into raw materials for future use.
3. Dismantle all Appliances to prevent reuse or resale of the Appliances or their parts.
4. When applicable, remove refrigerants from Appliances in accordance with Section 608 of the Clean Air Act and 40 CFR Part 82. Refrigerants include but are not limited to chlorofluorocarbons (CFC's), hydrochlorofluorocarbons (HCFC's), or 134A (HFCs).
5. When applicable, remove any capacitors or ballasts that may contain Polychlorinated-biphenyls (PCB's) and dispose of them in an environmentally sound way. All capacitors must be physically removed and examined. Any capacitors that are labeled "**NO PCBs**" may be disposed of through disposal processes in accordance with Federal and State law. Capacitors that are **NOT** labeled "**NO PCBs**" indicates that the capacitors contain **PCBs** and Recycling Agents must arrange for transport via an EPA-registered transporter for incineration at an EPA-approved incineration site or for disposal in a landfill that is permitted to legally handle PCBs.
6. Send materials not recycled to a shredding or baling facility for final destruction or further recycling of materials.

**Failure to follow the above processes may subject a Recycling Agent to Federal or State enforcement action and penalties.**

***Please fill out this form completely:***

I represent the Recycling Agent (retailer, contractor or recycling facility) and by signature, hereon, I acknowledge the above processes for removal and recycling of Appliance(s). All fields required.	
Removal Agent or Facility Name:	Website (Optional):
Street Address:	Public Phone Number (+ area code):
City, County, State, Zip Code:	Date:
Printed Name:	Signature:
E-mail (For Internal Use Only):	

**If you contract with a third party to recycle appliances, please provide the following information for the third party recycler:**

Company Name or Individual's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail (For Internal Use Only): \_\_\_\_\_

Public Phone Number (+ area code): \_\_\_\_\_

**What area(s) of the state do you service? (Circle all that apply)**

All of Texas (Statewide) **OR**  
 Major Metro Area: *Amarillo Austin Corpus Christi Dallas-Fort Worth El Paso Houston San Antonio Tyler The Valley*  
 Other Area: \_\_\_\_\_

**What appliances do your retail or recycling facilities service? (Circle all that apply)**

*Air-Source Heat Pumps                      Clothes Washers                      Freezers                      Room Air Conditioners*  
*Central Air Conditioners                      Dishwashers                      Refrigerators                      Water Heaters*

**How do you receive appliances to recycle?**

*Drop-off only                      Pick-up only                      Both*

RETURN THIS FORM by e-mail: [seco.stimulus.rebate@cpa.state.tx.us](mailto:seco.stimulus.rebate@cpa.state.tx.us) or fax: (512) 936-0042