

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**REAP PROGRAM**  
601 57th Street, S.E.  
Charleston, WV 25304

**Covered Electronic Device Manufacturer Annual Report Form**

**Due February 15th of the following year.**

Reporting Period:

**January 1, 2020**

To:

**December 31, 2020**

**MANUFACTURER INFORMATION**

Company Name:	
Contact Name:	Title:
Phone Number:	Fax Number:
Email:	
Company Web Address:	
Street Address:	
City:	State or Principal Subdivision:
Postal (Zip) Code:	Country (if outside U.S.):

**RESIDENT AGENT or AUTHORIZED AGENT in U.S. (if applicable)**

Company Name:		
Contact Name:	Title:	
Phone Number:		
Email:		
Company Web Address:		
Street Address:		
City:	State:	Zipcode:

<b>COLLECTION INFORMATION</b>		<b>LBS</b>	<b>Units (Optional)</b>
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A	Total weight (and units) of CEDs recovered in West Virginia by your program:		
B	Of the total amount recovered from West Virginia, how many CEDs were recycled or refurbished and reused?		
C	If reporting with number of units, how was this calculated? _____ Actual Count _____ Average Product Weights		

Provide a detailed description of the processes and methods used to collect, recycle, or refurbish and reuse the CEDs received from West Virginia: May attach additional information.

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If the manufacturer plans to make significant changes to their program during 2021, please describe those changes: May attach additional information.

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\_\_\_\_\_  
Signature of Manufacturer Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date