



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
RESOURCE MANAGEMENT DIVISION

**ELECTRONIC DEVICE MANUFACTURER
REGISTRATION FORM**

Registration is required under authority of Section 17303 of Part 173, Electronics, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

FOR ADDITIONAL INFORMATION, CONTACT THE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY,
RESOURCE MANAGEMENT DIVISION,
SOLID WASTE AND LAND APPLICATION SECTION, AT 517-241-2924

original

YEAR 2012-13 **FOR DEQ USE ONLY**

Date Received by DEQ: 11/30/2012
Received by: mlc
Fee: \$ 3,000.- Yes No

ELECTRONIC DEVICE MANUFACTURER	
1. Company Name (True Name and All Assumed Names): Canon USA, Inc.	2. Area Code and Telephone Number: 516-328-5001
3. Manufacturer of:	
Video Display Devices	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Computers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Printers	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4. Mailing Address:	
Address: One Canon Plaza	City: Lake Success
State: NY	ZIP: 11042
Country: USA	County (if in Michigan):
5. Home Web Site Address: www.cusa.canon.com	6a. Contact name: Mario J. Rufino
	6b. Contact e-mail address: mrufino@cusa.canon.com
	6c. Contact telephone number: 516-328-5610

BRAND NAMES OF COVERED ELECTRONIC DEVICE(S) AND TYPE OF DEVICE (video display or computer) SOLD BY THE MANUFACTURER	
7. Please list the brand names of covered devices your company manufactures. (Attach an additional page if necessary.)	
(a) Canon	(e)
(b)	(f)
(c)	(g)
(d)	(h)

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EQU-577901-28-1 11/30/12
33000 45805 9124
AY 2013 \$3,000

TAKEBACK PROGRAM CONSUMER CONTACTS

8a. What Web site address do you provide to consumers for information on your takeback program?

www.cusa.canon.com/aboutcanon

8b. If provided, what telephone number do you provide to consumers for information on your takeback program? 1-800-OK-CANON

TAKEBACK PROGRAM INFORMATION

9. Please describe your takeback program.

The customer will contact Canon for a prepaid shipping label. Once received, the customer will package the printer, apply the label and ship via common carrier to our recycling facility in Virginia

9a. Are appropriate devices covered with your takeback program? Check appropriate box:

If you are a manufacturer of computers do you accept all brands?

Yes

No

N/A

If you are a manufacturer of video display devices do you accept all brands?

Yes

No

N/A

9b. Is your takeback program free to consumers?

Yes

No

9c. Is your takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state?

Yes

No

9d. What is the number of devices a consumer may deliver to your program each day? Unlimited # _____

9e. What method is used for takeback program? (check all that apply)

Mailback

Permanent collection site

Collection events

Retailer

10. What information do you provide to consumers on how and where to return covered electronic devices that are labeled with your name or brand label?

- 1) Contact number to call for prepaid shipping label
- 2) Instructions for packing up the printer for shipment

11. How do you provide information to consumers on how and where to return covered electronic devices?

Information is provided on the CUSA website under "Environmental Initiatives/E-waste take back programs."

[Empty box for additional information]

TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the takeback program)

12. The total weight of the covered electronic devices received by the takeback program from consumers during the prior year:
684 pounds ~~Tons~~ *Tons*

13. The processes and methods used to recycle or reuse the covered electronic devices received from consumers:
Hand dismantle by trained Canon staff at our Canon Virginia site. Metals sent to metal scrap recycling facility, plastics sent to plastic brokers for reuse in other plastic products. Focus Materials managed per State and Federal regulations.

I, the undersigned registrant, swear and affirm, **UNDER PENALTY OF LAW**, that the statements contained herein are true and correct. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

PRINT NAME: Seymour Liebman DATE: 10/30/12
SIGNATURE: *[Signature]* TITLE: Executive Vice President, CAOTCC