



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

YEAR 2012-13 FOR DEQ USE ONLY
EDM2010-067
Date Received by DEQ: 10/31/2012
Received by: MLC
Fee: \$ 3,000.00 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ELECTRONIC DEVICE MANUFACTURER	
1. Company Name (True Name and All Assumed Names): DPI, Inc	2. Area Code and Telephone Number: 314-621-0869
3. Manufacturer of:	
Video Display Devices	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Computers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Printers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Mailing Address:	
Address: 900 N. 23 rd Street	City: St Louis
State: MO	ZIP: 63106
Country: USA	County (if in Michigan):
5. Home Web Site Address: www.dpi-global.com	6a. Contact name: Russ Osborne
	6b. Contact e-mail address: osborner@dpiinc.com
	6c. Contact telephone number: 314-657-2346

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 manufacturers. (Attach an additional page if necessary.)	
(a) GPX-video display	(e)
(b) iLive - video display	(f)
(c)	(g)
(d)	(h)

For Cashiers Use Only
EDM 577920-1-1 10/31/ 33000 45605 0124
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.dpi-global.com

8b. If provided, what telephone number do you provide to consumers for information on your takeback program? n/a

TAKEBACK PROGRAM INFORMATION

9. Please describe your takeback program.

We use 5R Processors for collection in MI. They hold events and manage a mail program for us. We provide a link to their website on our website.

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?

We have information on our website and a link to 5R's website with all the information for mailback and collection events. 5R is opening a permanent collection site in Lansing in the near future.

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

Website link

[Empty rectangular box for additional information]

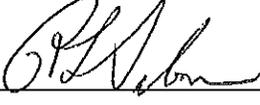
TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the takeback program)

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

13. The processes and methods used to recycle or reuse the covered electronic devices received from consumers:
5R collected and recycled for us.

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: Russell L. Osborne DATE: 10/19/12

SIGNATURE:  TITLE: Director of Operations