DEQ

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION

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, OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION, SUSTAINABLE MATERIALS MANAGEMENT UNIT AT 517-284-6590

~~YEAR 2013-14~~ **FOR DEQ USE ONLY**
year 2014-15

Date Received by DEQ: 11-14-2014
Received by: MLO
Fee: $3,000.- Yes ☑ No ☐
ACH Payment Confirmation #:

ELECTRONIC DEVICE MANUFACTURER:

NOTE: *COMPLETE THE ENTIRE APPLICATION EVEN IF THE ANSWER IS "N/A" or "0"*

1. Company Name (True Name and All Assumed Names): YIFANG USA INC.
2. Area Code and Telephone Number: 909-447-8392

3. Manufacturer of: Tablets

Video Display Devices	Yes ☐	No ☒
Computers	Yes ☑	No ☒
Printers	Yes ☐	No ☒

4. Mailing Address:
Address: 136 N. Grand Ave. #148 City: West Covina
State: CA ZIP: 91791
Country: USA County (if in Michigan):

5. Home Web Site Address: www.nextbookusa.com

6a. Contact name: Kenny Hua
6b. Contact e-mail address: product.compliance@e-funusa.com
6c. Contact telephone number: 909-447-8392

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) NEXTBOOK
(b)
(c)
(d)
(e)
(f)
(g)
(h)

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TAKEBACK PROGRAM CONSUMER CONTACTS

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

www.nextbookusa.com/green

8b. If the Web site address above includes a link to the Takeback program, describe how to find that link on the Web site:

just go to website, easy to find

8c. If provided, what telephone number do you provide to consumers for information on your Takeback program? 1-888-415-5177

TAKEBACK PROGRAM INFORMATION

9. What are the primary method(s) utilized by your Takeback program? Check up to two boxes.

Mailback [X] Permanent collection site [ ] Collection events [ ] Retailer [ ]

9a. Identity of the person responsible for coordination of the Takeback program.

Name: Kenny Hua e-mail address: product.compliance@e-funusa.com Phone #: 909-447-8392

9b. Please describe your Takeback program.

Please see attachment

9c. 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 [X]	N/A [ ]
If you are a manufacturer of video display devices, do you accept all brands?	Yes [ ]	No [ ]	N/A [X]

9d. Is your Takeback program free to consumers? Yes [X] No [ ]

9e. Is your Takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state? Yes [X] No [ ]

9f. What is the number of devices a consumer may deliver to your program each day? Unlimited [X] #

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?

Please see attachment

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

Please see attachment

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

12a. The number of collection and/or recycling locations (permanent or intermittent) in the state of Michigan. N/A

12b. List the weight of the covered electronic devices received by the Takeback program from consumers during the prior year:

Tons by mailback	Tons thru collection locations	Tons through collection days	Tons through Retailers
0	0	0	0

13. The processes and methods used to recycle or reuse the covered electronic devices received from consumers:

We are using online registration (please see attachments for details)

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: Kenny Hua DATE: 05-12-2014

SIGNATURE: X Kenny Hua TITLE: Manager