



MICHIGAN RECYCLED MATERIALS MARKET DIRECTORY

www.michigan.gov/deqrmmd Company Information Form

Date: _____ Initials: _____

If you have questions regarding any information requested on this form, please contact Lucy Doroshko at 1-800-662-9278 or directly at 517-373-1322. This information may be faxed back to 517-373-6734 or mailed to Lucy Doroshko, Recycling Specialist, DELEG, P O Box 30221, Lansing, MI 48909.

- Office use:
 Record No. _____
 Sections:
 Drums
 Glass
 Metals
 Oils
 Pallets
 Paper
 Plastics
 Misc.

Company Name: _____
 Street Address: _____ Mailing Address (If Different): _____
 City: _____ State (Province): _____ County (if Michigan): _____ Country (if Canada): _____ Zip Code (Postal Code): _____
 Contact: _____ Title: _____
 Phone: _____ Phone: _____ Fax: _____
 e-mail address: _____ website: _____
 Company Type: (choose as many as are appropriate for your operations)
 Collector Processor Broker Manufacturer Exporter Hauler Other _____
 Person providing information: _____ Phone: _____

DRUMS & BARRELS SECTION

Does your company provide pick-up service? Yes No
 If yes, please indicate minimum quantity _____ and area served _____
 Comments: _____

- Material/Service**
 Cleaning
 Plastic Drums
 Fiber Drums
 Metal Drums
 Other*

GLASS SECTION

Does your company provide pick-up service? Yes No
 If yes, please indicate minimum quantity _____ and area served _____
 Comments: _____

- Material/Service**
 Clear Container Window
 Green Container Fluorescent Bulbs
 Brown Container Incandescent Bulbs
 Mixed Container Other*

METALS SECTION

Does your company provide pick-up service? Yes No
 If yes, please indicate minimum quantity _____ and area served _____
 Comments: _____

- Material/Service**
 Aluminum Cans Stainless Steel
 Tin Cans White Goods**
 Aluminum Zinc
 Copper/Brass/Bronze Mercury
 Iron Other*

**If accepting white goods, please indicate whether or not you reclaim refrigerant.

*If "Other" is checked, please explain in comments section.

OILS & SOLVENTS SECTIONDoes your company provide pick-up service? Yes No

If yes, please indicate minimum quantity _____ and area served _____

Comments: _____

Material/Service

- | | |
|---|--|
| <input type="checkbox"/> Antifreeze | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Cutting Fluid | <input type="checkbox"/> Power Steering Fluid |
| <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Solvents (please specify) |
| <input type="checkbox"/> Industrial Oil | <input type="checkbox"/> Transmission Fluid |
| <input type="checkbox"/> Lube Grease | <input type="checkbox"/> Used Oil |
| <input type="checkbox"/> Oil Filters | <input type="checkbox"/> Other* |

PALLETS, WOOD & YARD WASTE SECTIONDoes your company provide pick-up service? Yes No

If yes, Please indicate minimum quantity _____ and area served _____

Comment: _____

Material/Service

- | | |
|--|---|
| <input type="checkbox"/> Bark | <input type="checkbox"/> Pallets |
| <input type="checkbox"/> Construction Debris | <input type="checkbox"/> Scrap Lumber |
| <input type="checkbox"/> Demolition Debris | <input type="checkbox"/> Sawdust |
| <input type="checkbox"/> Grass | <input type="checkbox"/> Stumps/Trees |
| <input type="checkbox"/> Leaves | <input type="checkbox"/> Concrete/Asphalt |
| <input type="checkbox"/> Salvaged Architecture | <input type="checkbox"/> Other* |

PAPER SECTIONDoes your company provide pick-up service? Yes No

If yes, please indicate minimum quantity _____ and area served _____

Comments: _____

Material/Service

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Old Newsprint |
| <input type="checkbox"/> High Grade Office | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Mixed Office | <input type="checkbox"/> Telephone Books |
| <input type="checkbox"/> Old Corrugated Cdbd | <input type="checkbox"/> Paper Recyc. Svs. |
| <input type="checkbox"/> Paperboard/Boxboard | <input type="checkbox"/> Other* |

PLASTICS SECTIONDoes your company provide pick-up service? Yes No

If yes, please indicate minimum quantity _____ and area served _____

Comments: _____

Material/Service

- | | |
|---|---|
| <input type="checkbox"/> ABS | <input type="checkbox"/> Acetate |
| <input type="checkbox"/> Acrylic | <input type="checkbox"/> PET |
| <input type="checkbox"/> High Density Polyethylene (HDPE) | |
| <input type="checkbox"/> Low Density/Linear Low Density Polyethylene (LDPE/LLDPE) | |
| <input type="checkbox"/> Nylon | <input type="checkbox"/> Polypropylene (PP) |
| <input type="checkbox"/> Polystyrene (PS/EPS) | <input type="checkbox"/> Polyurethane (PU) |
| <input type="checkbox"/> Polyvinyl Chloride (PVC) | |
| <input type="checkbox"/> Engineered Thermoplastics | |
| <input type="checkbox"/> Mixed Thermoplastics | <input type="checkbox"/> Other* |

MISCELLANEOUS SECTIONDoes your company provide pick-up service? Yes No

If yes, please indicate minimum quantity _____ and area served _____

Comments: _____

Material/Service

- | | |
|--|---|
| <input type="checkbox"/> Abrasives | <input type="checkbox"/> Office furniture |
| <input type="checkbox"/> Batteries (Dry Cell) | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Batteries (Lead Acid) | <input type="checkbox"/> Tires/Rubber |
| <input type="checkbox"/> Electronics (computers) | <input type="checkbox"/> Toner cartridges |
| <input type="checkbox"/> CFC's | <input type="checkbox"/> Other* |

*If "Other" is checked, please explain in comments section.