



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
**Mercury Certification for  
Scrap Recycling Facilities**

2023

Calendar Year

MassDEP Facility ID#

**Filing Deadline:** This form is due to MassDEP by **March 1** following the calendar year for which you are certifying.

## A. Facility Information

**Important:**  
When filling out  
forms on the  
computer, use  
only the tab key  
to move your  
cursor - do not  
use the return  
key.



Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

**Mailing Address** (if different)

Street Address/P.O. Box

City/Town

State

Zip Code

## B. Removal of Mercury-Added Components Before Processing

1. Did you receive any **uncrushed** vehicles at your business during the year covered by the certification?

☐ Yes

☐ No – Skip to Section C

2. If you answered YES to Question 1, did you remove or confirm that ALL required mercury-added components\* were removed before the vehicles were crushed or processed during the year covered by the certification? [310 CMR 74.04 (1) and (2)]

☐ Yes

☐ No – Submit Return to Compliance Plan

\*Note: Required components include mercury-added vehicle switches and mercury high intensity discharge (HID) headlamps. Components that do not need to be removed are (1) those that are inaccessible due to significant damage in the area that contained the switch and (2) mercury-added lamps used to backlight the dashboard or electronics.

## C. Certifications of Mercury-Added Vehicle Switch Removal

1. Did you receive written certifications that all mercury-added vehicle switches were removed with every shipment of crushed, partially crushed, flattened or baled vehicle bodies during the year covered by the certification? [310 CMR 74.04(3)]

☐ Yes

☐ No – Submit Return to Compliance Plan



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## D. Management of Mercury-Added Components

1. Were all containers used to store mercury-added switches and other mercury-added components that were removed from vehicles labeled in one of the following ways? [310 CMR 30.1034(4)(d)]

- Universal Waste: Mercury-Containing Devices
- Waste Mercury-Containing Devices
- Used Mercury-Containing Devices

☐ Yes

☐ No – Submit Return to Compliance Plan

2. Did you mark the date you started to store mercury-added switches and other mercury-added components on each container used? [310 CMR 30.1034(6)(c)]

☐ Yes

☐ No – Submit Return to Compliance Plan

3. Once you started collecting mercury-added switches or other mercury-added components in a container, did you ship the container off-site within one year of the date on which you started storing the items during the year covered by the certification? [310 CMR 30.1034(6)(b)]

☐ Yes – Skip to Question 5

☐ No – Submit Return to Compliance Plan  
(Unless you were waiting until you had one full container)

4. Did you send your container(s) of removed mercury-added switches or other mercury-added components to a facility licensed to handle mercury during the year covered by the certification? [310 CMR 30.1037(1)]

☐ Yes, I sent my container(s) of mercury-added switches to EQ Industrial Services under the End of Life Vehicle Solutions (ELVS) program.

**Note:** ELVS is the national vehicle switch recovery program funded by vehicle manufacturers, which has contracted with EQ Industrial Services, a hazardous waste management firm, for management of the returned switches.

☐ Yes, I sent my container(s) to the licensed hazardous waste or recycling firm identified below.

Company Name

Street Address

City/Town

State

Zip Code

☐ No – Submit Return to Compliance Plan

5. How many switches did you send for recycling in the period covered by this certification?

Number

**Note:** Find the number of switches EQ Industrial Services has received from you at:  
<http://www.eqonline.com>

Click **ELVS Mercury Program** in the sidebar, select **Massachusetts** on the **State Report** drop-down menu, click the first letter of your business name and find your business, then click **View Detail**.



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**D. Management of Mercury-Added Components** (continued)

6. Was any mercury released at your facility (e.g., from a broken switch) during the period covered by this certification?
- ☐ Yes ☐ No – Skip to Question 8
7. If you answered YES to Question 6, did you manage these components in accordance with all applicable requirements of Massachusetts hazardous waste regulations? [310 CMR 30.1034(4)(c)]
- ☐ Yes ☐ No – Submit Return to Compliance Plan
8. Did you inform all of your employees who handle mercury-added components of proper handling and emergency procedures? [310 CMR 30.1035]

**Note:** For requirements, see fact sheet at:

<http://www.mass.gov/dep/recycle/hazardous/autobiz.htm#mercury>

☐ Yes

☐ No – Submit Return to Compliance Plan

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**G. Records Retention**

1. Does your business keep records supporting this certification, as required, for at least five (5) years or since the beginning of your first certification year (whichever is shorter)? [310 CMR 74.08]
- ☐ Yes ☐ No – Submit Return to Compliance Plan
2. Indicate which records you are keeping (check ALL that apply).
- ☐ Records of shipments of mercury-added switches
- ☐ Printout(s) from EQ Industrial Services with your business' specific switch count
- ☐ At least one written certification from each vehicle recycler who delivers crushed vehicles to you that all mercury-added switches have been removed.
- ☐ Other – Describe: \_\_\_\_\_

Description

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**H. Releases of Oil or Hazardous Materials**

1. Did you have any reportable releases of oil or hazardous materials at this business, during the year covered by this certification?
- ☐ Yes ☐ No
2. If you answered YES to Question 1, list the date(s) of any incident(s).

\_\_\_\_\_  
Date (MM/DD/YYYY)

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Date (MM/DD/YYYY)

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Date (MM/DD /YYYY)

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Date (MM/DD /YYYY)

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Date (MM/DD /YYYY)

\_\_\_\_\_  
Date (MM/DD /YYYY)



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## I. Certification Statement

I attest under pains and penalties of perjury:

I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YYYY)

### Source of Signatory Authority:

If a Corporation:

☐ President

☐ Secretary

☐ Treasurer

☐ Vice President

☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

**KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:**

MassDEP Vehicle Mercury Program  
100 Cambridge St., Suite 900  
Boston, MA 02114