

R2v3 CERTIFICATION INITIAL INTAKE FORM

Date of Intake: _____

Intake Conducted By: _____

SECTION 1: LEGAL ENTITY INFORMATION

Legal Company Name: _____

DBA/Trade Names (if applicable): _____

Business Entity Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other: _____

Tax ID/EIN: _____ Year Established: _____

Primary Business License #: _____

Headquarters Address:

Street: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Primary Contact Information:

Main Phone: _____ Email: _____

Website: _____

SECTION 2: KEY PERSONNEL

Primary R2v3 Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Top Management Representative:

Name: _____ Title: _____

Email: _____ Phone: _____

Data Protection Representative (if designated):

Name: _____ Title: _____

SECTION 3: FACILITY STRUCTURE & LOCATIONS

Total Number of Facilities Processing Electronics: _____

Certification Structure Type:

- ☐ Single Facility (one location, one legal entity)
- ☐ Campus (multiple locations, same entity, joint processing)
- ☐ Shared Facility (multiple entities at same location)
- ☐ Common Parent (multiple entities under same parent)
- ☐ Group (multiple entities, centrally managed)
- ☐ Unsure/Need Assessment

Facility Details (Complete for each location):

Facility 1:

Name/Identifier: _____

Address: _____

Square Footage: _____ Zoning: ☐ Commercial ☐ Industrial

Employees at this location: _____ Shifts: ☐ 1 ☐ 2 ☐ 3 ☐ 24/7

Primary Function: ☐ Processing ☐ Storage ☐ Administrative ☐ Other: _____

Facility 2 (if applicable):

Name/Identifier: _____

Address: _____

Square Footage: _____ Zoning: ☐ Commercial ☐ Industrial

Employees at this location: _____ Shifts: ☐ 1 ☐ 2 ☐ 3 ☐ 24/7

Primary Function: ☐ Processing ☐ Storage ☐ Administrative ☐ Other: _____

Additional Facilities: ☐ Yes (attach separate sheet) ☐ No

SECTION 4: WORKFORCE & OPERATIONS

Total Employees (all locations): _____

Seasonal Workforce Variations: ☐ Yes ☐ No

If yes, range: _____ to _____ employees

Operating Schedule:

- ☐ Standard business hours ☐ Extended hours ☐ 24/7 operations
☐ Seasonal operations ☐ Other: _____

Languages Spoken by Management: _____

SECTION 5: CURRENT CERTIFICATIONS

Environmental Health & Safety Management System:

- ☐ ISO 14001 (Year: __) ☐ ISO 45001 (Year: __)
☐ OHSAS 18001 (Year: __) ☐ AS/NZS 4801 (Year: __)
☐ Other: _____ ☐ None ☐ In Progress

Quality Management System:

- ☐ ISO 9001 (Year: __) ☐ Other: _____
☐ None ☐ In Progress ☐ Not Required for Our Scope

Other Relevant Certifications:

- ☐ R2v3 (Previous - Year: __) ☐ e-Stewards ☐ NAID
☐ RIOS ☐ Other: _____

SECTION 6: PROCESSING ACTIVITIES & SCOPE

Electronics Processing Activities: (Check all that apply)

- ☐ Collection ☐ Sorting/Categorization ☐ Storage
☐ Testing ☐ Repair/Refurbishment ☐ Data Destruction
☐ Manual Dismantling ☐ Mechanical Processing/Shredding
☐ Materials Recovery ☐ Brokering ☐ Distribution/Sales

Types of Electronic Equipment Processed: (Check all that apply)

- ☐ Computers/Laptops ☐ Mobile Devices ☐ Servers/Networking
☐ Monitors/TVs ☐ Printers ☐ Medical Equipment
☐ Industrial Electronics ☐ Solar Panels/PV Modules
☐ Other: _____

Processing Volume:

Approximate monthly tonnage: _____ tons/month
Annual volume (if known): _____ tons/year

Focus Materials Present: (Check if processed)

☐ CRT Glass ☐ Batteries (various types) ☐ Circuit Boards

☐ Mercury-containing devices ☐ PCB-containing equipment

☐ Solar cells ☐ Other hazardous components

SECTION 7: DOWNSTREAM VENDOR INFORMATION

Total Number of Downstream Vendors: _____

Downstream Vendor Types:

☐ R2v3 Certified Vendors ☐ Non-R2 Certified Vendors ☐ Mixed

Number of R2v3 certified DSVs: _____ Number of non-R2 DSVs: _____

International Shipments: ☐ Yes ☐ No

If yes, primary countries: _____

SECTION 8: APPLICABLE R2v3 APPENDICES

Based on your activities, which appendices apply: (Check all that apply)

☐ Appendix A - Downstream Recycling Chain (Required for all)

☐ Appendix B - Data Sanitization

☐ Appendix C - Test and Repair

☐ Appendix D - Specialty Electronics Reuse

☐ Appendix E - Materials Recovery

☐ Appendix F - Brokering

☐ Appendix G - Photovoltaic (PV) Modules

SECTION 9: CERTIFICATION OBJECTIVES

Certification Type:

☐ Initial R2v3 Certification ☐ Recertification ☐ Transfer from Another CB

☐ Scope Extension ☐ Other: _____

Previous R2 Certification History:

☐ Never certified ☐ Previously certified (Year: ____ to ____)

☐ Certification withdrawn (Reason: _____)

Target Timeline:

Desired certification completion date: _____

Business drivers for certification: _____

SECTION 10: INITIAL COMPLIANCE STATUS

Legal Compliance:

☐ All required permits in place ☐ Some permits pending ☐ Need assessment

Recent violations or enforcement actions: ☐ None ☐ Yes (describe): _____

SERI Deceptive Practices List Check:

☐ Company not on list ☐ Need to verify ☐ Previously listed (resolved)

Data Security Readiness:

☐ Data sanitization procedures in place ☐ In development ☐ Need assistance

☐ No data-bearing equipment processed

SECTION 11: PRELIMINARY ASSESSMENT

Estimated Audit Time Category:

☐ 1-25 employees ☐ 26-175 employees ☐ 176+ employees

Complexity Factors Present: (Check all that apply)

☐ Multiple locations ☐ International operations

☐ Medical device processing ☐ Hazardous materials

☐ Multiple downstream vendors ☐ Language barriers

☐ 24/7 operations ☐ Limited documentation

Integration Opportunities:

☐ Can integrate with existing EHSMS audit ☐ Can integrate with QMS audit

☐ Requires separate R2v3 audit ☐ Uncertain

SECTION 12: ADMINISTRATIVE TRACKING

File/Client ID: _____ CB Reference: _____

Assigned Team:

Lead Auditor: _____

Team Member: _____

Technical Specialist: _____

Next Steps Required:

- ☐ Eligibility verification ☐ Contract review ☐ Scope definition
☐ Readiness assessment ☐ Audit planning ☐ Management system review

Special Considerations/Notes:

Form Completed By: _____ Date: _____

Signature: _____

Internal Use Only:

Status: ☐ Eligible ☐ Needs Clarification ☐ Not Eligible

Follow-up Required: _____ Priority Level: ☐ Standard ☐ Rush

☐ Hold