## Appendix A



## RETURN TO RETAIL (R2R) INCENTIVE PROGRAM APPLICATION FORM

## Prince Edward Island

R2R Retailer Name:	
Address:	
City:	Postal Code:
Phone Number:	Fax Number:
Contact Name:	
Email Address:	
Hours of Operation:	
HST/GST Number:	
RQO-verified Processor:	
Data sensitive products? ☐ Yes ☐ No	
products, data or private information or shipped materials due to theft or misple EPRA will not be responsible for any liability or hazardous material clean up du shipment and/or hazardous material clean up remains with the R2R Retailer.  By signing below, I confirm that all the above statements are accurate.	te and that I, the R2R Retailer, agree to accept all responsibility for the transportation it is approved, I, the R2R Retailer, will be assigned a Generator Code that will
R2R Retailer's Signature:	Date:
Once the application is complete, please forward by mail or by email to: maylia.parker@epra.ca	Maylia K. Parker, Executive Director 238A Brownlow Avenue, Suite 102 Dartmouth, NS B3B 2B4
To Be Completed by EPRA	
Generator Name:	
Generator Code:	
Effective/Open Date:	
Region:	
Trading Area:	