



Mail to: DIVISION OF RECYCLING/CERTIFICATION UNIT
1001 I Street, MS 10C, Sacramento, CA 95814
(916) 324-8598

OFFICE USE ONLY

Reg ID _____

Case ID _____

www.calrecycle.ca.gov

State of California
DOR 50 (Rev 2/24)

State of California
Gavin Newsom, Governor
Department of Resources Recycling and Recovery (CalRecycle)

Certification Application Curbside Registration

- Please type or print neatly in **blue** ink.
- Submit a separate application for each location or category.
- Write N/A for any item(s) that are not applicable.
- Please do not use staples. Use paperclips if needed.

SECTION 1 – OPERATOR INFORMATION

Business Name is the name that will appear on the certificate and is the actual name under which the organization will be paid.

Business Address is the address at which the records will be stored (not necessarily the address where the recycling center will be located).

Contact Person Name

First

Middle

Last

Title

Business/Organization Name

Doing Business As (DBA) Name

(attach Fictitious Business Name Statement)

Business Street Address (see definition above; no PO Boxes)

Suite/Apt

City

County

State

Zip

Organization's Mailing Address

Suite/Apt

City

County

State

Zip

Phone

Email Address

Primary Language (optional)

()

Business Taxpayer ID: _____

Required for all applications. Note: Only sole proprietors or spousal partnerships without employees may use a social security number as their Taxpayer ID number.

SECTION 2 - TYPE OF ORGANIZATION

(Check Only **ONE** Box)

For Profit

☐ Sole Proprietor

☐ Married Couple Co-Ownership

Spouses' Names

☐ Partnership

Submit a copy of partnership agreement

____ General

____ Limited

☐ California Corporation

For all corporations: Attach the Articles of Incorporation and a current list of corporate officers.

Select one: ____ Profit ____ Nonprofit

Corporate Number: _____

Agent for Service of Process: _____

☐ Corporation not Formed in California*

**Also attach a certification from the Secretary of State authorizing the corporation to transact business in California.*

☐ California Limited Liability Company (LLC)

For all LLCs: Attach the Articles of Organization, Statement of Information, and Operating Agreement.

Agent for Service of Process: _____

☐ LLC not Formed in California*

**Also attach a certification from the Secretary of State authorizing the company to transact business in California.*

Not For Profit

☐ Nonprofit or Charity

Attach description of organization and copy of letter from Internal Revenue Service for the California Franchise Tax Board confirming tax-exempt status. Non-profit corporations must additionally provide the attachments required for corporations listed above.

☐ Local Government Agency

____ City ____ County ____ City & County ____ Other _____

Attach board resolution authorizing application.

☐ Federal Government

____ Military ____ National Park ____ Federal Property ____ Other _____

Attach board resolution authorizing application.

☐ Joint Power of Authority (JPA)

Attach board resolution authorizing application.

SECTION 3 – AGENCY INFORMATION

Public Agency Information

Name of Responsible Public Agency _____ Communities Served by this Program _____

Public Agency Contact Person
First _____ Middle _____ Last _____ Title _____

County _____ Public Agency Department _____

Business Street Address _____ Suite/Apt _____

City _____ County _____ State _____ Zip _____

Mailing Address _____ Suite/Apt _____

City _____ County _____ State _____ Zip _____

Phone _____ Email Address _____

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1. Initial Program Start Date _____

2. Expiration Date of current Franchise Agreement/Acknowledgement _____

Provide a dated and signed copy of the current contract, franchise agreement, or letter from the responsible public agency, administrative officer, or designee.

Provide a current map showing boundaries of the curbside program.

3. Is the operator of this curbside program currently certified by _____ ☐ Yes ☐ No
CalRecycle, Division of Recycling, in any category?

If YES, name(s) all valid certification number(s). Use additional pages as necessary.

SECTION 4 – PROGRAM INFORMATION

4. Number of Households/Residences Served

_____ Single Family _____ Multi-Family (2-4 units) _____ Apartment (unit)

5. Do you also collect empty beverage containers directly from (check all that apply)

☐ Office Buildings ☐ Industrial Buildings

☐ Hotels, motels, bars, or restaurants ☐ Other Businesses

If yes, provide your CP or SP number: _____
(commercial material cannot be reported under a CS number)

SECTION 4 – PROGRAM INFORMATION (CONTINUED)

6. Frequency of Collection (check all that apply)

	Single Family	Multi-Family	Apartments
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every 2 Weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

7. Method of Collection (check all that apply)

	Single Family	Multi-Family	Apartments
At Curb – Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Curb – Semi-Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Curb – Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backyard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

8. Please indicate which types of empty CRV beverage containers you accept or collect:

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Bag in a Box | <input type="checkbox"/> Bi-metal | <input type="checkbox"/> Glass | <input type="checkbox"/> Multilayer Pouch |
| <input type="checkbox"/> Paperboard Carton | <input type="checkbox"/> Plastic-PETE (#1) | <input type="checkbox"/> Plastic-HDPE (#2) | <input type="checkbox"/> Plastic (#3-#7) | |

9. Please indicate the other types of recyclable material you accept:

- | | | | |
|---|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Green Waste | <input type="checkbox"/> Newsprint | <input type="checkbox"/> Oil filters |
| <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Other Metal | <input type="checkbox"/> Paper | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Tin | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Wood | |
| <input type="checkbox"/> Others _____ | | | |

10. Type of Separation at point of collection

- ☐ Mixed ☐ Sorted

11. Type of Containers used at point of collection

- ☐ Automated Container ☐ Bag ☐ Bins ☐ None

☐ Other (describe): _____

SECTION 5 – SORTER INFORMATION

12. Provide the name and certification number of the recycling centers and/or processors where your material is most often sold and the types of material sold there. (attach more pages as necessary)

Name: _____ Certification Number: _____

☐ Aluminum ☐ Plastic* ☐ Glass ☐ Bimetal

Name: _____ Certification Number: _____

☐ Aluminum ☐ Plastic* ☐ Glass ☐ Bimetal

*Plastic includes Bag-in-Box, Multilayer Boxes, and Paperboard Cartons.

13. Sorter Information #1

Sorter Contact Person

First Middle Last Title

Organization Name Fictitious Business Name, if Applicable

Business Street Address Suite/Apt City County State Zip

Mailing Street Address Suite/Apt City County State Zip

Phone Email Address

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All location(s) sorting takes place:

Sorting Street Address Suite/Apt City County State Zip

Sorter Information #2

Sorter Contact Person

First Middle Last Title

Organization Name Fictitious Business Name, if Applicable

Business Street Address Suite/Apt City County State Zip

Mailing Street Address Suite/Apt City County State Zip

Phone Email Address

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All location(s) sorting takes place:

Sorting Street Address Suite/Apt City County State Zip

SECTION 6 – DECLARATION AND SIGNATURES

- a. I agree to operate my program in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.
- b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

Who must sign affidavit: For Sole Proprietorships: the applicant/owner; Partnerships: each partner; Married Couple & Co-Ownerships: both married couple and co-owners; Corporations, Limited Liability Companies, Government or Public Agencies: persons with authority to legally bind said entity to a contract (e.g., executive officer, managing member).

Attach Additional Sheet(s) if Necessary

Execute at: City	County	State	Date
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Signature	Title
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First Name	Middle Name	Last Name	Suffix
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Residence Address	Suite/Apt
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City	County	State	Zip
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CA Driver License/ID Number	SSN**
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**** Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.)**