



### USED OIL CERTIFIED COLLECTION CENTER APPLICATION

**INSTRUCTIONS.** Print legibly using blue or black ink or type. Submit a separate form for each location. Use N/A to indicate any items that are not applicable.

#### 1. APPLICATION TYPE (Check One)

- Initial New Application (*CalRecycle will issue a new certification number*)
- Location Change     Operator Change (CalRecycle Certification #) \_\_\_\_\_
- Recertification Application (CalRecycle Certification #) \_\_\_\_\_  
Do you need replacement CCC signage for your store?     Yes     No

#### 2. OPERATOR INFORMATION

Operator/Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Federal Taxpayer Identification Number (FEIN #): \_\_\_\_\_

Does the operator own or operate a used oil hauler business?

- Yes     No

Does the operator own or operate a used oil recycling facility?

- Yes     No

Does the operator use a contractor/consultant to manage incentive claim submissions?

- Yes     No

Name of Contractor/Consultant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

#### 3. ORGANIZATION TYPE (Check One)

##### A. For Profit

**Individual** (*Attach fictitious business name statement or business license*).

**Partnership** (*Attach a copy of partnership agreement*).

**Corporation** (*Corporate Name and number assigned by the California Secretary of State's Office*).

Corporate Name: \_\_\_\_\_ Corporate #: \_\_\_\_\_

**Husband and Wife Co-Ownership** (*Provide both spouses' names and signatures in Section V. Declaration and Signatures*).



**B. Non-Profit**

Attach a copy of your tax-exempt status letter from the Federal Internal Revenue Service or the State of California Franchise Tax Board. Non-profit corporations may provide a letter confirming tax-exempt status or may write below the exact corporate name and number as filed with the California Secretary of State.

**Corporation Name & Number:** \_\_\_\_\_

**C. Other Entity**

**Local Government Agency** (Attach a copy of authorizing letter or resolution from the governing body.)

**4. COLLECTION CENTER INFORMATION**

Name of Business (as seen from the street): \_\_\_\_\_

Street Address (location of oil collection center): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from address above): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

EPA Hazardous Waste Generator Identification Number: \_\_\_\_\_

Total Tank Capacity (in gallons) & Number of Extra Drums (Example 500/3): \_\_\_\_\_

Does the Center accept used Oil Filters?

Yes  No

Does the Center crush used Oil Filters?

Yes  No

**Check One Collection Center Type (Below) that Describes Your Site:**

- |   |   |
|---|---|
| <input type="checkbox"/> Filter Crusher                 | <input type="checkbox"/> Auto Wrecking        |
| <input type="checkbox"/> Auto Parts Store               | <input type="checkbox"/> Commercial Oil Sales |
| <input type="checkbox"/> PHHW/Landfill/Transfer Station | <input type="checkbox"/> Auto Fleet           |
| <input type="checkbox"/> Service Center & Parts Store   | <input type="checkbox"/> Dealership           |
| <input type="checkbox"/> Truck Service Shop             | <input type="checkbox"/> Marina               |
| <input type="checkbox"/> Auto Service/Repair            | <input type="checkbox"/> Oil Change Shop      |
| <input type="checkbox"/> Travel Center                  |   |



**5. DECLARATION AND SIGNATURES**

IF APPLICANT IS:

- A **partnership**, the application must be signed by a partner, with authority to bind the partnership to a contract.
- A **firm, association, corporation, county, city, public agency or other governmental entity**, the application must be signed by the Chief Executive Officer or the individual with authority to legally bind the entity to a contract.
- A **husband and wife** co-ownership, the application must be signed by both the husband and the wife.

*I certify, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge, and that the facility for which this application is being made is currently in compliance with all Federal, State and local requirements. I certify that the property owner is aware that I am applying to become a certified used oil collection center and will be accepting used oil from the public.*

*I agree to operate in compliance with the requirements of the California Oil Recycling Enhancement Act, and with all related regulatory provisions, including the following requirements:*

- *Used oil will be accepted from the public free of charge during normal business hours.*
- *The recycling incentive fee of 40 cents/gallon will be rendered upon request by the public at the time used oil is accepted; and*
- *A Used Oil Collection Center sign (provided free to the business) will be posted outside the business so that it can be seen easily from the street.*

Applicant's Signature	Printed Name	Date Signed
Executed at: City	County	State
Applicant's Signature	Printed Name	Date Signed
Executed at: City		State

Return completed application to:  
Department of Resources Recycling and Recovery (CalRecycle)  
Used Oil Recycling Program  
Attn: Certification  
1001 I Street, MS-10E  
Sacramento, CA 95814

If you have questions:  
Please call: (916) 341-6690  
E-mail: [UsedOilCCC@CalRecycle.ca.gov](mailto:UsedOilCCC@CalRecycle.ca.gov)  
Fax (916) 319-7490

**For CalRecycle Use Only**

**Date Received** \_\_\_\_\_

**Date Accepted** \_\_\_\_\_



**INSTRUCTIONS FOR COMPLETING  
USED OIL CERTIFIED COLLECTION CENTER APPLICATION**

1. Select Application Type
2. Complete Operator/Corporation Information. The FEIN # is a **required** field
3. Select your Organization Type.
  - a. If you are an Individual, please attach a copy of the fictitious business name statement or business license. If you are a Partnership, please attach a copy of the partnership agreement. If you are a Corporation, you must provide your Corporate name and Corporate #.
  - b. If you are a non-profit, please attach a copy of your tax-exempt status letter from the Federal Internal Revenue Service or California Franchise Tax Board.
  - c. If you are a Local Government Agency, please attach a copy of authorizing letter for resolution from the governing body.
4. Complete the Collection Center Information
  - Name of Business **as seen from the street**
  - Street Address – The location of the Oil Collection Center
  - Mailing Address – if it is different from the address above
  - Contact Person's Name, Phone Number and Email address
  - EPA Hazardous Waste Generator Identification Number - **This is required and the EPA # MUST be active**
  - Total Tank Capacity (in gallons) and Number of Extra Drums (Example 500/3) – This is a required field
  - Do you accept used Oil Filters?
  - Do you crush your used Oil Filters?
  - Check only **ONE** of the Collection Center Types that best describes your site.
5. Please read the Declaration and sign the Application providing your printed name, date and location of signature.
  - Return completed application to address provided or email to [UsedOilCCC@CalRecycle.ca.gov](mailto:UsedOilCCC@CalRecycle.ca.gov). If you have any questions, please contact the CCC Unit at (916)341-6690 or send an email to the above email address.