



USED OIL INDUSTRIAL GENERATOR / CURBSIDE COLLECTION REGISTRATION APPLICATION

INSTRUCTIONS. Complete this form only if you are a non-retail businesses, such as agriculture, construction, local government, etc. If your business is a retail business, use CalRecycle Form 29 (Used Oil Collection Center Certification Application). 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 REGISTRATION TYPE (Check One)

Industrial Generator Curbside Collection

2. REGISTRATION CHANGE

Registration Change (Example: Address, Operator Contact, Ownership or Federal Taxpayer ID #)

Please include your CalRecycle Registration ID Number: _____

3. OPERATOR INFORMATION

Business Name: _____

Street Address (Site): _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (If different from address above): _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email Address: _____

EPA Hazardous Waste Identification Number: _____

Federal Taxpayer Identification Number (FEIN #): _____

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

4. ORGANIZATION TYPE (Check One)

A. For Profit

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

Partnership (Attach a copy of partnership agreement).

Corporation (Write the exact corporate name and number assigned by the California [Secretary of State's Office](#)).

Corporation Name & Number: _____

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: _____

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

Other (Please Describe):

Were you or your business previously registered by CalRecycle? Yes No

If yes, please provide your CalRecycle ID number: _____

5. APPLICANT INFORMATION

Do you, the applicant (operator), own or operate:

a used oil hauler business

a used oil recycling refinery

a. Describe the type of business conducted:

b. If Local Government, who is your operator?

c. What other recyclable materials do you collect as part of your program (example: aluminum, glass)?

FOR CURBSIDE COLLECTORS ONLY

a. What days of the week does your curbside collection operate?

b. What is the service area for curbside collection (Include city and zip codes of collection areas):

c. If contract operator, who are you contracted with?



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

Applicant's Signature	Printed Name	Date Signed
Executed at: City	County	State
Applicant's Signature	Printed Name	Date Signed
Executed at: City	County	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
Fax (916) 319-7490

For CalRecycle Use Only

Date Received _____

Date Accepted _____