State of California
USED OIL RECYCLING INCENTIVE PAYMENT CLAIM
CalRecycle 31 (Rev. 3/17)

Department Of Resources Recycling & Recovery (CalRecycle)

Instructions for completing this form can be found on the reverse.
Print legibly in ink or type.
Indicate N/A for any items which are not applicable.

Mail To:
DEPARTMENT OF RESOURCES RECYCLING & RECOVERY
CALRECYCLE ACCOUNTING OFFICE
P. O. BOX 4025
SACRAMENTO CA 95812-4025

CLAIMANT INFORMATION

1. Certification Number: _____
2. Name of Payee/Operator: _____
   DBA: _____
3. Payment address: _____
   _____
4. Contact person: _____
   Email address: _____
   Telephone Number: _____

REPORTING PERIOD

(Select ONLY One Circle) Enter Year

- ○ **Jan 1 – Mar 31/Due May 14**
- ○ **Apr 1 – Jun 30/Due Aug 14**
- ○ **Jul 1 – Sep 30/Due Nov 14**
- ○ **Oct 1 – Dec 31/Due Feb 14**

} _____

For Single Claims Only:
Tank Capacity/Number of Extra Drums: (Example 500/3)
_____

5. ☐ Check here if filing as a multiple-certified used oil collection center. Must also complete CalRecycle 31-B form and attach to claim.

Data collection for informational purposes. Please complete:

6. Lubricating oil purchased during this reporting period or since the last claim was submitted. _____ gallons

7. Total number of used oil filters from Do-It-Yourselfers: _____
Use log entries or estimate (Filters: uncrushed drum=250, crushed drum=750)

USED LUBRICATING OIL COLLECTED FROM THE DO-IT-YOURSELF PUBLIC

#8 _____ gallons Incentive amount claimed at 40¢ per gallon #9 $ _____

USED LUBRICATING OIL GENERATED ONSITE

#10 _____ gallons Incentive amount claimed at 16¢ per gallon #11 $ _____

TOTAL GALLONS HAULED AWAY

#12 _____ gallons

#13 CLAIM TOTAL **$** _____

ATTACH COPIES OF ALL MANIFESTS

DECLARATIONS AND SIGNATURES

14. I declare under penalty of perjury under the laws of the State of California that I am authorized to legally bind Claimant and that to the best of my knowledge and belief the following statements are true and correct: 1) that the information provided in this claim is complete and correct; and 2) that no other claim has been submitted for the above claimed oil; and 3) that Claimant has operated in compliance with all Federal, State and local requirements pertaining to the management of this oil.

_____ _____
Signature of Representative of Claimant Date

_____
Name and Title of Representative (print)

DO NOT WRITE BELOW - FOR STATE USE ONLY

Invoice # _____ Amount Approved $ _____

FI$Cal Vendor # _____ Claim Reviewer _____

Supervisor Approval _____ Date _____

CALRECYCLE

INSTRUCTIONS FOR COMPLETING USED OIL RECYCLING INCENTIVE PAYMENT CLAIM FORM

(NOTE: DIRECTIONS INCLUDING SUGGESTIONS FOR MAKING BEST USE OF THE SELF CALCULATING FUNCTION ARE ALSO AVAILABLE IN THE "CCC OPERATORS GUIDE" AT www.UsedOilCCC.org)

THIS FORM MUST BE USED TO REPORT THE AMOUNT OF LUBRICATING OIL PURCHASES, AND THE AMOUNT OF USED LUBRICATING OIL TRANSPORTED TO A CERTIFIED USED OIL RECYCLING FACILITY, OR TO A USED OIL STORAGE FACILITY, OR TO A USED OIL TRANSFER FACILITY, OR TO AN OUT OF STATE FACILITY REGISTERED BY THE DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY.

THE DEADLINE FOR SUBMITTING A QUARTERLY INCENTIVE CLAIM IS ON OR BEFORE THE 45TH CALENDAR DAY FOLLOWING THAT QUARTER.

IF ANY REQUIRED INFORMATION IS NOT INCLUDED ON THE FORM, THE DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY MAY NOT BE ABLE TO PAY THE CLAIM AS SUBMITTED. MUST SUBMIT FORM 204 (PAYEE DATA RECORD) AND FORM 326 (LUBRICATING OIL PURCHASE RECEIPT) WITH FIRST CLAIM.

REPORTING PERIOD: Select the circle corresponding to the quarter and enter the year of claim reporting period. Each quarter must be submitted on a separate form. Failure to do so will result in return of form.

Item 1: Certification Number - Enter the certification number (01-**X**-23456) issued by CalRecycle.

Item 2: Name of Payee/Operator and DBA - Enter the name as it appears on your Payee Data Record (Std. 204) form on file.

Item 3: Payment Address - Enter the complete mailing address of the location the payment should be sent. This address must match the address on the Payee Data Record form (Std. 204) on file.

Item 4: Contact Person - Enter the name, telephone number and email address of the person to contact regarding any questions.

Item 5: Check the box if filing as a multiple certified used oil collection center. Must also complete CalRecycle 31-B form and attach it to the report/claim.

Item 6: Enter the total number of gallons for lubricating oil purchases made during the reporting period. If none purchased, enter zero on line 6.

Item 7: Enter the total number of used oil filters from Do-It-Yourselfers recycled during the reporting period on line 7. If none, enter zero.

Item 8: Enter the total number of gallons of used lubricating oil collected from the public (Do-It-Yourself-DIY oil) and transported by a used oil hauler during the reporting period or since your last claim/report on line 8. Attach copies of manifests or modified manifest receipts from the used oil hauler in date order. Manifests must clearly identify the amount of DIY oil. Claim/Payment amount will be adjusted for incomplete or illegible manifests.

Item 9: Multiply the number of gallons entered on line 8 by $0.40 and enter dollar amount on line 9. (NOTE: SELF-CALCULATING FIELD PERFORMS THIS FOR YOU.)

Item 10: Enter the total gallons of eligible used lubricating oil generated onsite and transported by a used oil hauler during the reporting period or since your last claim/report on line 10. Attach copies of manifests or modified manifest receipts from used oil hauler in date order. Claim/Payment amount will be adjusted for incomplete or illegible manifests.

Item 11: Multiply the number of gallons entered on line 10 by $0.16 and enter dollar amount on line 11. (NOTE: SELF-CALCULATING FIELD PERFORMS THIS FOR YOU.)

Item 12: Add lines 8 and 10 and enter the total number of gallons of lubricating oil generated on site - including DIY (Do-It-Yourself-DIY oil) on line 12. (NOTE: SELF-CALCULATING FORM PERFORMS THIS FOR YOU.)

Item 13: Add lines 9 and 11 and enter the total claim amount for this reporting period on line 13. (NOTE: SELF-CALCULATING FIELD PERFORMS THIS FOR YOU.)

Item 14: This Claim/Report must be signed by a duly authorized representative who has the authority to legally bind Claimant. The signature must be an original. No rubber stamps or facsimile are allowed.

DEFINITIONS

LUBRICATING OIL includes, but is not limited to, any oil which is intended for use in machinery powered by an internal combustion engine. Lubricating oil includes oil intended for use in an internal combustion engine crankcase, transmission, gearbox, or differential in an automobile, bus, truck, vessel, plane, train, heavy equipment, or other machinery powered by an internal combustion engine. Lubricating oil also includes consumer additives which are intended to be mixed with lubricating oils in an internal combustion engine and synthetic lubricating oils. Lubricating oil does not include oil intended for use in a 2-cycle engine where the oil is entirely consumed during usage.

CERTIFIED USED OIL COLLECTION CENTER means a business, governmental entity, or nonprofit organization, certified by the State, which accepts used lubricating oil from the public and which is exempt from hazardous waste facility permit requirements pursuant to subdivision (a) of Section 25250.11 of the Health and Safety Code.

USED OIL RECYCLING FACILITY means a facility which is issued a hazardous waste facilities permit or grant of interim status by the Department of Toxic Substances Control pursuant to Section 25200 or 25200.5 of the Health and Safety Code to convert used oil into recycled oil, or an out-of-state facility registered with CalRecycle and operating in substantial compliance with Part 279 (commencing with Section 279.1) of Title 40 of the Code of Federal Regulations for the purposes of recycling used oil.

ALL USED OIL INCENTIVE CLAIMS/REPORTS, INQUIRIES AND CORRESPONDENCE PERTAINING TO INCENTIVE PAYMENTS SHOULD BE MAILED OR DELIVERED TO THE FOLLOWING LOCATION:

Department of Resources Recycling & Recovery (CalRecycle)
ACCOUNTING OFFICE
1001 I Street
P. O. Box 4025
Sacramento, CA 95812
Telephone inquiries: (916) 341-6690