



**CONTAMINATED USED OIL REIMBURSEMENT APPLICATION**

1. Payee / Operator Name:

Certification #:

Site Name:

Mailing Address:

City:

State:

Zip:

Contact Name:

Contact Phone #:

Contact Email Address:

Federal Taxpayer Identification Number (FEIN #):

2. Do you have procedures in place to ensure that used oil generated on site or accepted from the public is not mixed with other hazardous waste?      Yes      No

3. Incident / Contamination Date:

4. Type of contaminant being claimed:

5. Total gallons of contaminated used oil:

6. Cost of EPA approved Field / Laboratory Tests:      \$

7. Total charged by hazardous waste hauler for labor, supplies and hauling of the contaminated used oil:      +      \$

8. Total cost for hauling the same amount of uncontaminated oil:      -      \$

9. Actual amount eligible for reimbursement (Line 6 + Line 7 - Line 8):      =      \$

**TO BE ELIGIBLE FOR REIMBURSEMENT, INCLUDE THE FOLLOWING INFORMATION**

- a) Copy(s) of completed Uniform Hazardous Waste Manifests AND modified manifest receipts pursuant to Health & Safety Code Section 25250.8; Invoices for labor, supplies,hauling, and
- b) Results of an EPA approved field test that quantifies the level of contamination on the manifest; or a laboratory analysis conducted by the recycling facility characterizing the level of contaminants, and the total volume or weight of shipment.

**DECLARATION AND SIGNATURE**

*I certify, under penalty of perjury, that the information contained in this application is true & correct to the best of my knowledge, & that no other application has been submitted for this contaminated used oil.*

Operator's Signature

Date Signed

Return completed application to:

Dept. of Resources Recycling & Recovery  
(CalRecycle)  
Used Oil Recycling Program  
Attn: Claims  
1001 I Street, MS-10E  
Sacramento, CA 95814

If you have questions:

Please call: (916) 341-6690  
E-mail: [UsedOilClaims@CalRecycle.ca.gov](mailto:UsedOilClaims@CalRecycle.ca.gov)

**INSTRUCTIONS FOR COMPLETING THE  
CONTAMINATED USED OIL ADDITIONAL COSTS REIMBURSEMENT APPLICATION**

1.    a.) Enter Operator/ Payee Name issued by the Department of Resources Recycling and Recovery (CalRecycle).
- b.) Enter Certification Number and the Site name as it appears on your certification or registration application.
- c.) Enter the address where you want your payment mailed.
- d.) Enter contact person's name, phone number and email address.
- e.) Enter Federal Taxpayer Identification Number (FEIN#) or Social Security Number.
2.    Check the appropriate box indicating if you have procedures preventing the generation or acceptance of contaminated used lubricating oil.
3.    Enter the Incident/ Contamination Date.
4.    Enter the type of contamination claimed.
5.    Enter the total gallons of contaminated used oil picked up by the hazardous waste hauler.
6.    Enter the cost of EPA approved Field/ Laboratory Tests.
7.    Enter the total charged by hazardous waste hauler to haul contaminated used oil. This amount includes Labor, Supplies and Hauling charges.
8.    Enter the total dollar amount NORMALLY charged for the same amount of uncontaminated used oil by the hazardous waste hauler.
9.    Actual amount eligible for reimbursement (Line 6 + Line 7 - Line 8). This cell will self-calculate.

The form must have the original signature of the certified center or curbside program operator and the date on which they signed the form.