

Application for Glass Cleaning Process Alternative Method RECYCLING CENTERS & PROCESSORS

Mail to: CalRecycle • Division of Recycling • Statistical Information Section • 1001 | Street • MS 10C • Sacramento, CA 95814-2828 Questions? Call: (916) 323-5778

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Instructions	Office Use Only
Print In Ink or Type	
Submit A Separate Form For	
Each Location	
 Indicate N/A For Any Items 	
Which Are Not Applicable	

Instruction

Pursuant to Title 14 of the California Code of Regulations, Section 2425(h), if the load of glass beverage container material (BCM) has a greater than ten percent (10%) contamination by weight, the recycling center or processor **MUST** request approval from the Division of Recycling for an alternative methodology of preparing the shipping report for payment. The alternative methodology must include a glass-cleaning process that produces cullet that meets American Society for Testing and Materials specifications for use in manufacturing glass containers.

Complete **Section A,** if you are a receiving loads of glass BCM with greater than ten percent (10%) contamination by weight AND can clean or process glass BCM loads to less than ten percent (10%) by weight of contamination.

Complete **Section B,** if you are receiving loads of glass BCM with greater than ten percent (10%) contamination by weight AND cannot clean or process glass BCM loads to less than ten percent (10%) by weight of contamination.

All Applicants

Certification ID:		
Company Name:		
City:	_	
State		
Zip Code:		
Contact Person:		
Telephone with Area Code:		
Fax with Area Code:		
Email:		

Section A

If you are a receiving loads of glass beverage container material (BCM) with greater than ten percent (10%) contamination by weight AND can clean or process glass BCM loads to less than ten percent (10%) contamination by weight, complete section "A".

1.	Indicate which certified or registered program types your facility receives loads of glass BCM with greater tha ten (10%) contamination by weight?		
	(A) Certified Processor (PR)	Yes: ☐ No: ☐	
	(B) Certified Recycling Center (RC)	Yes: ☐ No: ☐	
	(C) Registered Curbside Program (CS)	Yes: ☐ No: ☐	
	(D) Certified Dropoff or Collection Program (CP)	Yes: ☐ No: ☐	
	(E) Certified Community Service Program (SP)	Yes: ☐ No: ☐	
2.	Does your facility operate a Material Recovery Facility (MRF)	Yes: □ No: □	
	IF YES:		
	(A) Is cleaning and processing performed at the same MRF where materials are received?	Yes: ☐ No: ☐	
	i. Does your MRF have equipment capable of cleaning glass and processing glass to to contamination by weight?	en (10%) or less Yes: □ No: □	
	ii. Describe your glass cleaning process and type of equipment at your MRF.		
	IF NO:		
	(B) If you answered "NO" to (A), where is the material shipped for cleaning and processing	;?	
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3.	Does your facility have more than one location with glass cleaning equipment?	Yes: □ No: □	
	IF YES:		
	Provide address and location(s)		
4.	Will your facility sample glass to determine contamination levels?	Yes: ☐ No: ☐	

	contamination levels.		
6.	Attach an example of the report used to document sampling results.		
7.	Does your sampling procedure determine shrinkage percentages?	Yes: □	No: □
8.	Do you use shrinkage percentages from samples on your shipping reports (DR6)?	Yes: □	No: □
9.	Does your company have an approved "Material Allocation Process" for allocating shipped v	_	of glass? No: \square
10.	Do you maintain weight tickets for all incoming loads of glass?	Yes: □	No: □
11.	Do you inspect all glass received at this facility for the presence of out-of-state, rejected, or containers and is this weight excluded from shipping reports (DR6)?		akage No: 🗆
12.	Do you maintain weight tickets or invoices for cullet sold?	Yes: □	No: □
13.	Does your company currently ship glass to a landfill?	Yes: □	No: □
14.	Will your company landfill glass with greater than 10 percent contamination?	Yes: □	No: □
15.	Does your company maintain weight tickets/records for glass shipped to a landfill?	Yes: □	No: □

5. Attach a WRITTEN DESCRIPTION of the SAMPLING PROCEDURES that will be used to determine

Section B

If you are receiving loads of glass beverage container material (BCM) with greater than ten percent (10%) contamination by weight AND cannot clean or process glass BCM loads to less than ten percent (10%) contamination by weight, complete section "B".

16.	Indicate which certified or registered program types your facility receives loads of glass BCN ten (10%) contamination by weight?		M with greater than
	(A) Certified Processor (PR)		Yes: ☐ No: ☐
	(B) Certified Recycling Center (RC)		Yes: ☐ No: ☐
	(C) Registered Curbside Program (CS)		Yes: ☐ No: ☐
	(D) Certified Dropoff or Collection Program (CP)	Yes: ☐ No: ☐
	(E) Certified Community Service Program (SP)		Yes: ☐ No: ☐
17.	Will your facility ship loads of glass with greater a Non-Certified entity for cleaning on your behavior		cessor (PR) and/or
	 Certified Processor (PR) 		Yes: ☐ No: ☐
	 Non-Certified entity 		Yes: ☐ No: ☐
	IF YOU ANSWER "YES" FOR CERTIFIED PROCES COMPLETE SECTIONS A THROUGH I.	SOR (PR) AND/OR NON-CERTIFIED ENTITY	TO QUESTION 17,
		SOR (PR) AND/OR NON-CERTIFIED ENTITY	TO QUESTION 17,
		, , ,	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I.	. , .	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person: (B) Telephone Number:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person: (B) Telephone Number: (C) Fax Number:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person: (B) Telephone Number: (C) Fax Number: (D) Email Address:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person: (B) Telephone Number: (C) Fax Number: (D) Email Address: (E) Location where glass is delivered to:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension:	TO QUESTION 17,
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension:	Yes: \(\text{No:} \(\text{Do:} \)
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension:	_
	COMPLETE SECTIONS A THROUGH I. (A) Contact Person:	Extension: cocess? ination levels and shrinkage percentages?	Yes: \(\simetext{No:} \square

(Attach additional sheets for certified processors/non-certified entities as necessary)

18. Does your company have an approved "Material Allo	ocation Process" for allocating shipped v	veights of glass? Yes: ☐ No: ☐	
19. Do you maintain weight tickets for all incoming loads	s of glass?	Yes: ☐ No: ☐	
20. Do you inspect all glass received at this facility for the presence of out-of-state, rejected, or line breakage containers and is this weight excluded from shipping reports (DR6)? Yes: ☐ No: ☐			
21. Do you maintain weight tickets or invoices for cullet	sold?	Yes: ☐ No: ☐	
22. Does your company currently ship glass to a landfill? Yes: ☐ No: ☐			
23. Will your company landfill glass with greater than 10 percent contamination? Yes: ☐ No: ☐		Yes: ☐ No: ☐	
24. Does your company maintain weight tickets/records for glass shipped to a landfill? Yes: ☐ No: ☐		Yes: ☐ No: ☐	
Declaration and Signatures			
I agree 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.			
Executed at:			
City:	County:		
State:	Date:		
Signature:	Title:		
Printed Name:			
Residence Phone: ()	Business Phone: ()		
Residence Address:			