

**BEVERAGE MANUFACTURER/DISTRIBUTOR
WEB PORTAL ACCESS REQUEST FORM****General Instructions for completing the Portal Access Request Form:**

- Please complete one form per Authorized Individual you are requesting to have access to the Division of Recycling Integrated Information System (DORIIS) portal.
- A unique email address must be provided for each individual requesting access to the DORIIS portal. Only one individual may have access to the unique email address used to access the DORIIS portal. Sharing login information is strictly prohibited.
- An individual may only have one active DORIIS username.
- Form must be signed by both the Authorized Individual and the Responsible Party.
- Make and retain a copy of the completed form for your records.
- Mail the completed form to: CalRecycle Participant Management Unit, 1001 I St, MS 10A, Sacramento, CA 95814
OR -
- Email the completed form to: ParticipantManagementUnit@CalRecycle.ca.gov or
- the assigned Account Representative listed on your CalRecycle Registration Letter.

ITEM 1: Authorized Individual Information

Name and Job Title: Enter the first name, last name, and job title of the individual for whom access is being requested.

Email Address: Enter the unique email address of the individual.

Work Phone: Enter the work phone number for the Authorized Individual.

Please note that generic e-mail addresses to which more than one employee has access, such as compliance@abcwinery.com, are NOT ACCEPTED*

ITEM 2: Consulting or Accounting Firm Information

This item is ONLY applicable if the Authorized Individual in Item 1 is part of a consulting or accounting firm that will file mandatory reports on behalf of the Registered Company listed in Item 3 below.

Consulting or Accounting Firm Name: Enter the consulting or accounting firm name for the Authorized Individual.

Consulting or Accounting Firm Work Phone: Enter the work phone number of the consulting or accounting firm.

Consulting or Accounting Firm Address: Enter the street address, city, state, and Zip Code of the location where the consulting or accounting firm conducts business activities.

An Authorized Individual who reports as part of a consulting or accounting firm for multiple Registered Companies shall in Item 1 provide a single, primary e-mail address, unique to that individual, that will be used across all associated accounts.

ITEM 3: Registered Company Information

Registered Company Name: Enter the company name that is registered as a beverage manufacturer and/or distributor with CalRecycle.

Registered Company Work Phone: Enter the work phone number of the Registered Company.

Registered Company Address: Enter the street address, city, state, and Zip Code of the location where the Registered Company conducts business activities.

ITEM 4: Registration ID Numbers

Registration ID: Enter the Beverage Manufacturer/Beverage Distributer registration ID number (e.g., BMxxxxxx.xxx or DSxxxxxx.xxx) for each account you would like to grant the Authorized Individual the ability to prepare and submit reports and payments for.

ITEM 5: Deactivate Prior User Access

This item is ONLY applicable if you are deactivating prior user access to DORIIS.

Prior User's Name: Enter the name of the employee that has left the company, or individual who should no longer have access to the Registered Company's DORIIS account.

Prior User's Email Address: Enter the email address of the prior user.

***This email address will be deactivated for all associated accounts. Please contact your account representative if this prior user should be deactivated from only a limited number of accounts**

ITEM 6: Declaration & Signatures

Authorized Individual: Signature and date signed, of the Authorized Individual for whom this Portal Access Request Form is being completed.

Responsible Party: Signature, printed name, job title, and date signed, of the registrant, officer, director, managing employee, or other person in authority that works for the Registered Company.



**BEVERAGE MANUFACTURER/DISTRIBUTOR
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DORIIS Access Terms and Conditions of Use**



The Department of Resources Recycling and Recovery (CalRecycle) DORIIS web portal and computer systems are for lawful and authorized use only. Unauthorized access, attempted access, or use of the system is a violation of Section 502 of the California Penal Code and/or other applicable state and federal laws and may be subject to prosecution. Individuals using this system without authority, or in excess of their authority, are subject to having their activities on the site monitored and recorded beyond routine levels or other disciplinary action.

When the Authorized Individual logs into CalRecycle's secure services on DORIIS, the Authorized Individual is acknowledging that they have read, understand, and accept these Terms and Conditions of Use and that they are an authorized user of the account services. When accessing the system, the Authorized Individual agrees to use only their own username and password.

The Authorized Individual is responsible for protecting use of their username and confidentiality and use of their password. The Authorized Individual and Responsible Party are responsible for all access to, use of, and information entered into the DORIIS web portal under the Authorized Individual's username, and any information received by CalRecycle from a username will be deemed to have been received from the associated Authorized Individual. The Authorized Individual and Responsible Party agree to immediately notify CalRecycle, and to cooperate with CalRecycle, in addressing (1) any loss or theft of the Authorized Individual's DORIIS password or (2) any unauthorized use of the Authorized Individual's DORIIS password or the DORIIS portal.

CalRecycle has no obligation or liability resulting from any cause relating to DORIIS beyond its reasonable control, including, but not limited to: failure of electronic or mechanical equipment or communication lines; failure or unavailability of Internet access; or unauthorized access, theft, or operator errors. CalRecycle is not responsible for any damage to a computer, software, modem, telephone, or other property resulting from use of the DORIIS portal.

The Responsible Party shall immediately notify CalRecycle of the need to remove an Authorized Individual's password from the account when the person's access to the DORIIS portal is to be terminated.

If there is a conflict between the information provided by CalRecycle on the DORIIS portal and the California Beverage Container Recycling and Litter Reduction Act (Public Resources Code section 14500 et seq.), any decisions by CalRecycle will be based on the law and not the information on the web portal. It is the responsibility of the Authorized Individual and Responsible Party to know and understand the California Beverage Container Recycling and Litter Reduction Act provisions applicable to the Registered Company.



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ITEM 1: AUTHORIZED INDIVIDUAL INFORMATION

Does user currently have PAR access? Yes No If yes, list the username as the email address on this form.

Name: _____
First Last Job Title

Contact Info: _____
Email Address Work Phone

ITEM 2: CONSULTING OR ACCOUNTING FIRM INFORMATION

Is the Authorized Individual from Item 1 with a consulting or accounting firm? Yes No If yes, provide firm information below.

Consulting or Accounting Firm Name _____ *Work Phone:* _____

Consulting or Accounting Firm Address _____
Street City State & Zip Code

ITEM 3: REGISTERED COMPANY INFORMATION

Company Name: _____ *Work Phone:* _____

Company Address: _____
Street City State & Zip Code

ITEM 4: REGISTRATION ID NUMBERS

BEVERAGE MANUFACTURER (BM) ID#	BEVERAGE DISTRIBUTOR (DS) ID#

ITEM 5: DEACTIVATE PRIOR USER ACCESS

Deactivates email address from ALL associated accounts.

Name: _____ Email Address: _____

ITEM 6: DECLARATION & SIGNATURES

By signing and submitting this form, I certify that I have read, understand, and accept the DORIIS Access Terms and Conditions of Use printed on this form. I declare that all the information on this request form is true and correct.

Authorized Individual: _____
Signature Printed Name & Date

By signing and submitting this form, I certify that I have read, understand, and accept the DORIIS Access Terms and Conditions of Use printed on this form. As a Responsible Party for the above-named Registered Company, I authorize the Authorized Individual to access the web portal account of the Registered Company and acknowledge that I am responsible for all use of the DORIIS portal and electronic submissions made by this person and for submission of the Registered Company's mandatory reports. I declare that all the information on this form is true and correct, that I represent the above-named Registered Company, and that I am duly authorized to sign this form.

Responsible Party: _____
Signature Job Title Printed Name & Date

For State Agency Use	
Received Date:	_____
Reviewed By:	_____
User Reg ID#:	_____