



Mail to: DIVISION OF RECYCLING/CERTIFICATION UNIT
 1001 I Street, MS 10C, Sacramento, CA 95814
 (916) 324-8598

OFFICE USE ONLY	
Reg ID	_____
Case ID	_____

www.calrecycle.ca.gov
 State of California
 CalRecycle 770 (Rev 4/24)

State of California
 Gavin Newsom, Governor
 Department of Resources Recycling and Recovery (CalRecycle)

Certification Application Recycling Centers and Processors

- Please type or print neatly in **blue** ink.
- Submit a separate application for each location or category.
- Write N/A for any item(s) that are not applicable.
- Please do not use staples. Use paperclips if needed.

SECTION 1 – CATEGORY OF CERTIFICATION Check one: Recycling Center Processor

SECTION 2 – PRECERTIFICATION TRAINING AND EXAMINATION REQUIREMENTS

Name of Voucher Holder Title (optional) Voucher Number Registry ID # (optional)

SECTION 3 – CONTACT PERSON INFORMATION

First Name Middle Name Last Name Suffix

Title (Optional) Primary Language Spoken (Optional)

Residence Address Suite/Apt

City County State Zip

California Driver License/Identification Number SSN** Date of Birth

Business Phone Home Phone

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Cell Phone E-mail

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Business Taxpayer ID: _____
Required for all applications. Note: Only sole proprietors or spousal partnerships without employees may use a social security number as their Taxpayer ID number.

SECTION 4 – ORGANIZATION INFORMATION

Business Name is the name that will appear on the certificate and is the actual name under which the organization will be paid.

Business Address is the address at which the records will be stored (not necessarily the address where the recycling center will be located).

Business/Organization Name

Doing Business As (DBA) Name
(attach Fictitious Business Name Statement)

Business Street Address (see definition above; no PO Boxes)

Suite/Apt

City

County

State

Zip

Organization's Mailing Address

Suite/Apt

City

County

State

Zip

Phone

Website

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SECTION 5 – TYPE OF ORGANIZATION

(Check Only **ONE** Box)

For Profit

Sole Proprietor

Married Couple Co-Ownership
Spouses' Names

Partnership

Submit a copy of partnership agreement

_____ General

_____ Limited

California Corporation

For all corporations*: *Attach the Articles of Incorporation and a current list of corporate officer.*

Corporate Number: _____

Agent for Service of Process: _____

Corporation not Formed in California

Also **attach a certification from the Secretary of State authorizing the corporation to transact business in California.*

California Limited Liability Company (LLC)

For all LLCs*: *Attach the Articles of Organization, Statement of Information, and Operating Agreement.*

Agent for Service of Process: _____

LLC not Formed in California

Also **attach a certification from the Secretary of State authorizing the company to transact business in California.*

Not For Profit

Nonprofit or Charity

Attach description of organization and copy of letter from Internal Revenue Service for the California Franchise Tax Board confirming tax-exempt status. Non-profit corporations must additionally provide the attachments required for corporations listed above.

Local Government Agency

___City ___County ___Other _____

Attach board resolution authorizing application.

Federal Government

___Military ___National Park ___Other _____

SECTION 6 – ORGANIZATION HISTORY

For all questions – attach additional pages, if needed.

1. Are you, your spouse, your partner, or any corporate officer currently certified by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s).

2. Have you, your spouse, your partner, or any corporate officer ever been certified by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s).

3. Do you, your spouse, your partner, or any corporate officer have additional pending applications with CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and case number(s).

4. Have you, your spouse, your partner, or any corporate officer ever had a certificate denied, suspended, or revoked by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and case number(s).

SECTION 7 – FACILITY INFORMATION

Facility Name

Facility Street Address

Suite/Unit

City

County

Zip

Facility Phone

How many employees at this location?

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Nearest Cross Street

Did you purchase the recycling center business?

Yes

No

If yes, from whom? (Full name):

1. Type of usage agreement: Own Rent Donated Space Other

You must include a copy of the current lease, tax or mortgage statement, or use agreement that clearly lists the applicant, the property owner, and the facility location, and grants permission to use the space for a recycling center.

2. Property Owner Information

First Name

Last Name

Email Address

Business Name (if applicable)

Phone

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Mailing Street Address

Suite/Apt

City

State

Zip

3. Have you contacted your local government for the necessary permits? (optional) Yes No

4. Is this facility located on federal land? Yes No

If yes, you must provide written authorization from the responsible federal agency allowing state inspectors to enter the property.

5. Hours of Operational (circle am/pm).

On the next page, fill out the hours of operation for your recycling center or processing facility.

Note: If no lunch hours are indicated, the recycling center must be open from Open to Close. Mark "Closed This Day" for day(s) the recycling center is not open. Circle am/pm

Monday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Tuesday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Wednesday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Thursday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Friday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Saturday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	
Sunday	<input type="checkbox"/> Closed This Day		
Open	Close	Lunch Hours	
_____ am/pm	_____ am/pm	_____ to _____	

SECTION 8 – RECYCLING CENTER INFORMATION ONLY

DO NOT FILL OUT FOR PR APPLICATIONS

- Do you agree to accept and redeem all types of redeemable beverage containers at the facility?
For partnerships: All partners, both spouse co-owners, must initial. Initial: _____ Yes No
- Are you requesting “grandfathered” status for your facility? Yes No
 If yes, which material types do you accept? Aluminum Glass Plastic Bimetal
Attach proof that you were operational as of January 1, 1986
- Are you applying for certification as a Nonprofit Convenience Zone Recycler? Yes No
- Are you applying for certification as a Rural Region Recycler? Yes No
If yes: Recycling center must reside completely within a non-urban area as defined by CalRecycle.
- Describe the methods used to collect and store redeemed beverage containers:
 Igloo Bins Trailers Reverse Vending Machines Carts Bales
 Pickup Truck/Van/Auto Other (explain): _____
- If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s):
 In-store redemption: Name and address of store: _____
 On site redemption Other (Explain): _____

SECTION 9 – PROCESSING FACILITY INFORMATION ONLY

DO NOT FILL OUT FOR RC APPLICATIONS

1. What redeemable beverage containers will be accepted at the facility?

- Aluminum Glass Plastic* Bimetal

*Note: If you accept plastic, you **must** also accept Bag-in-Box, Multilayer Pouches, and Paperboard Cartons. They are considered cancelled by the same methods of plastic cancellation.*

2. Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type:

Aluminum

- Shredded
- Densified to 30lbs./cu.ft.
- Delivered to end-user*
- Exported from state*
- Other: (Specify) _____

Plastic, Bag-in-Box, Multilayer Pouches, and Paperboard Cartons

- Shredded
- Delivered to end-user
- Exported from state
- Other: (Specify) _____

Glass

- Crushed to uniform size
- Delivered to end-user
- Exported from state

Bimetal

- Densification
- Shredded
- Nuggetting
- Milling
- Delivered to end-user*
- Exported from state*

*containers must first be densified to 15 lbs./cu.ft.

3. Do you agree to buy from all certified entities that want to sell to you?

For partnerships: All partners, both spouse co-owners, must initial. Initial: _____ Yes No

4. Do you transact business by appointment only?

Yes No

If "No", complete the Hours of Operation area on the previous page.

SECTION 10 – DECLARATION AND SIGNATURES

- a. I agree to operate the facility in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.
- b. I declare 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.

Who must sign affidavit: For Sole Proprietorships: the applicant/owner; Partnerships: each partner; Married Couple & Co-Ownerships: both married couple and co-owners; corporations, Limited Liability Companies, Government or Public Agencies: persons with authority to legally bind said entity to a contract (e.g., executive officer, managing member).

Attach Additional Sheet(s) if Necessary

Execute at: City	County	State	Date
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Signature

First Name	Middle Name	Last Name	Suffix
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Title	Primary Language Spoken (optional)
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Residence Address	Suite/Apt
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City	County	State	Zip
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California Driver License/Identification Number	SSN**	Date of Birth
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Business Phone	Home Phone
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Cell Phone	E-mail
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**** Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.)**

APPLICATION CHECKLIST

BEFORE MAILING YOUR APPLICATIONS, DID YOU?:

Include a Taxpayer ID?

All applications MUST have a Taxpayer ID in section 3 (the bottom of page 1). Only sole proprietorships or spouse partnerships without employees may use a social security number

Provide a facility address?

Section 7

Provide original initials?

Section 8 for recycling centers applications or Section 9 for processors; for partnerships – all partners must initial

Provide an original signature?

For partnerships – all partners must sign

DO NOT FORGET TO ENCLOSE:

Completed Readiness Plan

All lines must have a numerical value, even if that value is "0".

Application Voucher

Expired vouchers will NOT be accepted and your application will be rejected

Lease/Property Tax Statement/Use Agreement

Required Organizational Paperwork

See section 5 of the application for specifics

WARNING: *If your application is not properly completed, or you neglect to provide the required enclosures, your application may be rejected or determined incomplete.*