

Department of Resources Recycling and Recovery
Certification and Registration Branch

Certification Application Instructions for Recycling Centers and Processors

General Instructions for ALL Applicants:

- › If you choose to handwrite the application, *the writing must be legible*. If it is not, your application will be rejected (returned to you without being entered into our database). You can visit our website and download a PDF so you may type the information.
- › Read the following instructions prior to filling out your application.
- › If a field does not apply to you, do not leave it blank. Instead, write “N/A” for not applicable.
- › Review your application for completeness before mailing.
- › Make sure that all the required information, including attachments, has been submitted.
- › If you have questions, call (916) 324-8598.

Section 1 –

Category of Certification

Check only one box.

Hint: *If you wish to apply as both a Recycling Center and a Processor, you must submit separate applications.*

Section 2 –

Precertification Training and Examination Requirements

Name of Voucher Holder: The first and last name of the person who holds the voucher for your organization.

Title (Optional): The title (Owner, Manager, President, etc) of the person who is the voucher holder.

Voucher Number: This is the number that is on the voucher. **THIS FIELD CANNOT BE BLANK OR YOUR APPLICATION WILL NOT BE ACCEPTED.**

Registry ID #: The Registry ID of the person who is the voucher holder, and will be found on the letter received after attending Precertification Training. This field is optional.

Section 3 –

Contact Person Information

Hint: *The contact person is the person who CalRecycle staff will call first when we have questions about your business.*

Name: The First Name, Middle Name, Last Name, and Suffix (Jr, Sr, III, etc) of the person who will be the primary contact for your business. This person will receive the mail, phone calls, and the name will be on the certificate. This person may, or may not, be the one authorized to sign the certificate.

Hint: *The last name MUST match what is on the California Driver’s License or ID.*

Title: This is the contact person’s job title, such as for example, Manager, Owner, President, etc.

Languages Spoken: Indicate the main languages spoken/written. While this is optional, it does help us to properly assign the account to a bilingual staff person if we have one for the language listed.

Residence Address: The home address of the contact person.

CA Driver's License/ID: The Driver's License/ID Number of the contact person.

SSN/Taxpayer ID:** This number is for the contact person. This is voluntary, but the information helps us to avoid errors in our database. If you choose not to answer, write N/A.

Date of Birth: The month, day, and year the contact person was born.

Business Phone: This phone number should be the primary way for CalRecycle staff to call the contact person during normal business hours (for example, 8am – 5pm Monday through Friday). Do not forget the area code.

Home Phone: The contact person's residential phone number, including area code.

Cell Phone: Provide the cell phone number for of the contact, including area code.

E-mail: This is the e-mail address of the contact person, and it should be an e-mail address that is checked regularly, as CalRecycle may send important updates about our program to this address on file.

Section 4 –

Organization Information

Business/Organization Name: This is the name that you will get paid under. It should match any business documents (for example, bank account names, Articles of Incorporation, etc).

Doing Business As: If you are not using a different name than the business/organization name, write "N/A". If you are, then write that name here, and attach your Fictitious Business Name Statement to your application.

Business Street Address: This is the address where you will store your business records (it may, or may not be, where you are conducting your recycling business). Include the Suite/Apt number, if applicable. It may not be a PO Box.

Business Mailing Address: This is the address where CalRecycle will send important notices and any payments you may receive from CalRecycle. This address can be a PO Box, residence address, or business address. Do not forget to include a suite/apt number, if applicable.

Phone: A phone number where the public can reach the operator during normal business hours (M-F 8am-5pm). Include the area code.

Fax: If your organization has a FAX number, write it here with the area code. If you do not have a FAX number, write "N/A".

Website: A web address for customers to learn more about your business (locations, business hours, contact information, etc).

Taxpayer ID: THIS FIELD CANNOT BE BLANK OR YOUR APPLICATION WILL NOT BE ACCEPTED. It can be an Employer ID number or, for sole proprietorships and spouse partnerships without employees, it can be a Social Security Number.

Section 5 – Type of Organization

*Hint: Check only **ONE** box and submit ALL of the documentation requested for that organization type.*

Options:

Check the box that describes your organization (check only ONE box).

Sole Proprietorship

Married Couple Co-Ownership

- Write in both spouse names

Partnership

- Submit a copy of the partnership agreement
- Check the box to indicate if it is a LIMITED or GENERAL partnership.

California Corporation

- Submit a copy of the initial and any amended Articles of Incorporation and a list of current corporate officers.
- Write in your corporate number.
- Write in the Agent for Service of Process.

Corporation not formed in California

- Submit a copy of the initial and any amended Articles of Incorporation, a list of current corporate officers, and certification from the Secretary of State authorizing your corporation to do business in California.
- Write in your corporate number.
- Write in your Agent for Service of Process.

California Limited Liability Company

- Submit a copy of the Articles of Organization, a Statement of Information, and an Operating Agreement.
- Write in the Agent for Service of Process.

Limited Liability Company not formed in California

- Submit a copy of the Articles of Organization, the Statement of Information, the Operating Agreement, and the certification from the Secretary of State authorizing the company to conduct business in California.
- Write in the Agent for Service of Process.

Nonprofit or Charity

- Submit a description of the entity, and a copy of the letter from the IRS or California Franchise Tax Board confirming tax-exempt status.
- Additionally, nonprofit corporations must provide the information required of corporations (listed above).

Section 6 –

Organization History

You must answer each question.

Question 1 - Check yes or no

If the answer is yes, you must provide each person's name and the corresponding certification numbers that each person is involved with.

Question 2 – Check yes or no

If the answer is yes, you must provide each person's name and the corresponding certification numbers that each person was involved with.

Question 3 – Check yes or no

If the answer is yes, you must provide each person's name and the corresponding application numbers/Case ID numbers that each person is involved with.

Question 4 – Check yes or no

If the answer is yes, you must provide each person's name and the corresponding application numbers/Case ID numbers that each person was involved with.

Section 7 –

Facility Information

Facility Name: This should be the name of your recycling center, not the name of the business where you're putting your center, if applicable (for example, if you are applying to put your recycling center at "Joe's Tire Mart", your recycling center will not be named "Joe's Tire Mart").

Facility Address: This is the specific address where your recycling center will be located. It cannot be a range of numbers (eg, 1000-1500 Main St) nor can it be a description (eg, corner of Main St and Star Ave).

Facility Phone: This is a phone number that the public can call to find out more information about your recycling center.

How many employees at this location? Consider yourself an employee at this location. Add any other people who will be assisting you with the recycling center (for example: paid employees, family, friends, etc).

Hint: Remember if you have paid employees, you will need a Federal ID number.

Did you purchase the recycling center business? Check the appropriate box. If yes, enter the name of the person from whom you purchased the business.

Nearest Cross Street: This is the cross street nearest your business.

Question 1 – Check only ONE of the boxes to indicate property use type

Send in with your application a copy of the lease, mortgage statement, or use agreement. The document MUST include the applicant's name, the property owner, the specific facility address, and it must grant permission to use the space for a recycling center.

Hint: If you do not include this document, your application will be incomplete.

Question 2 – Complete ALL the fields for Property Owner Information

First Name: contact person for the property owner

Last Name: contact person for the property owner

E-mail Address: for the property owner’s contact person

Business Name: If the property owner has a business name (for example: ABC Properties), put that here.

Phone Number: This is the business owner’s phone number, include the area code.

Mailing Address: Property owner’s mailing address.

Question 3 – Hours of operation for each day

Make sure you write the hours you will open for business, as well as the hours you close, and make sure you write am or pm in the boxes. If you will be closed for lunch, you must provide the time you will close for lunch as well as the time you will reopen.

Question 4 – Check yes or no

Question 5 – Check yes or no

If your facility is on Federal land, you will need to submit written authorization from the responsible federal agency allowing state inspectors to enter the property.

Section 8 –

**Recycling Center
Information Only**

Question 1 – Check yes or no

You (and all partners) must initial that you will accept all CRV materials.
Hint: Unless you are grandfathered, you will be required to accept all material types.

Question 2 – Check yes or no

If you check yes, you will need to check the box(es) for the material(s) you will accept. In order to be granted grandfathered status, you must show that your organization has been in business at the address you are applying for since before January 1, 1986. If you don’t meet that criterion, you will not be granted grandfathered status.

Question 3 – Check yes or no

If you are a nonprofit organization, you will need to submit proof from the IRS that your entity has been granted nonprofit status.

Question 4 – Check yes or no

Question 5 – Check all of the boxes that apply

Question 6 – Provide requested information

If you checked the “Reverse Vending Machine” box in Question 5, indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s), check the appropriate box and provide additional information.

Section 9 –

Processing Facility Information Only

Question 1 - Check all the boxes that apply

Question 2 - Check all of the boxes that apply

You must check at least one method of cancellation for each material you will be accepting at the processing facility.

Question 3 - Check yes or no

Don't forget to provide your hours of operation (page 3 of the application) if you answered no to this question.

Section 10 –

Declaration and Signatures

Who must sign affidavit:

- Sole Proprietorships-the applicant
- Partnerships-each partner
- Married Couple and 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)

For each person who must sign, provide the following information:

Executed at: The city, county, state and date where the application was signed.

Signature: Sign the application, preferably in blue ink.

Voucher Number: If the person signing the application has a voucher, write or type the number.

Voucher Expiration date: Enter the voucher's expiration date.

Registry ID Number: If available.

Name: The full (first, middle, last, and legal suffix) name of the person signing the application. The name must match what is on the valid ID.

Title: The job title of the signatory (e.g., Manager, Owner, President, etc).

Languages Spoken: This is for the person signing.

Residence Address: The address where the person who is signing the application lives.

California Driver's License/ID Number: Provide a valid ID number.

SSN:** For the person signing the application.

Date of Birth: For the person signing the application.

Business Phone: The phone number, including area code, where this person can be reached during normal business hours.

Home Phone: If the person does not have a home phone, write "N/A".

Cell Phone: Do not forget to include area code.

E-mail: It must be unique e-mail address.

Hint: If any of the above fields are left blank, your application will be deemed incomplete and put on hold.