



**Mail to:** DIVISION OF RECYCLING/CERTIFICATION UNIT  
 1001 I Street, MS 9A, Sacramento, CA 95814  
 (916) 324-8598

<b>OFFICE USE ONLY</b>
Reg ID _____
Case ID _____

[www.calrecycle.ca.gov](http://www.calrecycle.ca.gov)

State of California  
 DOR 908 (Rev 8/24)

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

## Certification Application Dropoff or Collection & Community Service Programs

- 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 – OPERATOR 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

Contact Person Name			
First	Middle	Last	Title
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 (    )	Email Address	Primary Language (optional)	

**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 2 - 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    \_\_\_\_ City & County    \_\_\_\_ School    \_\_\_\_ State

\_\_\_\_ Other \_\_\_\_\_

**Attach** *board resolution authorizing application.*

Federal Government

\_\_\_\_ Military    \_\_\_\_ National Park    \_\_\_\_ Other \_\_\_\_\_

**Attach** *board resolution authorizing application.*

**SECTION 3 – ORGANIZATION HISTORY**

**For all questions – attach additional pages, if needed.**

1. Are you or this program **currently certified** by CalRecycle, Division of Recycling, in any category?  Yes  No

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

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2. Were you or this program **previously certified** by CalRecycle, Division of Recycling, in any category?  Yes  No

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

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3. Do you or this program have other applications **pending** with CalRecycle, Division of Recycling, in any category?  Yes  No

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

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4. Have you or this program ever been **denied** certification by CalRecycle, Division of Recycling, in any category?  Yes  No

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

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**SECTION 4 – PROGRAM DESCRIPTION**

1. Program Name: \_\_\_\_\_

2. What types of empty beverage containers do you collect or accept?  
 Aluminum       Bag-in-Box       Bimetal       Glass  
 Multilayer Pouch       Paperboard Carton       Plastic

3. Are you applying as a Neighborhood Dropoff Program?  Yes  No

**If YES, submit a copy of a letter of authorization from city, county, or city and county specifying the dropoff locations, and a regional map outlining the geographical area served.**

*List the address of the dropoff location(s) served under the neighborhood dropoff program.*

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4. Do you have an established (or regular) route you follow to collect empty beverage containers?  Yes  No

5. Do you have a regular schedule for collecting empty beverage containers?  Yes  No

**SECTION 4 – PROGRAM DESCRIPTION (CONTINUED)**

6. Do you collect empty beverage containers directly from bars, restaurants, hotels, and motels?  Yes  No

**If YES, list the name, address, phone and contact person for three of any of the following: bars, restaurants, hotels, and motels where you collect.**

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7. Do you collect empty beverage containers directly from office buildings, industrial/commercial buildings?  Yes  No

**If YES, list the name, address, phone and contact person for three of any of the following: office buildings, industrial/commercial buildings where you collect.**

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8. Where else do you collect empty beverage containers?
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Streets/Alleys         | <input type="checkbox"/> Apartment Complexes    | <input type="checkbox"/> Parks/Recreation Areas           |
| <input type="checkbox"/> Parking Lots           | <input type="checkbox"/> Residential Garbage    | <input type="checkbox"/> Transfer Station                 |
| <input type="checkbox"/> Special Events         | <input type="checkbox"/> Landfill Disposal Site | <input type="checkbox"/> Material Recovery Facility (MRF) |
| <input type="checkbox"/> Other (explain): _____ |   |   |

9. Do you have donation bins at specific locations?  Yes  No

**If YES:** How many bins?: \_\_\_\_\_

Where are your donation locations? (e.g., school, parking lot, church, specific address, etc.)

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10. Do you collect empty beverage containers at residential curbside under contract or by written acknowledgment by a local government agency?  Yes  No

11. Do you separate beverage containers from mixed municipal waste under permit by a local government agency?  Yes  No

**If YES, attach a copy of your current permit or formal acknowledgment of operation from the local government agency.**

12. Do you operate a dropoff or collection program located on federal land?  Yes  No

**If YES:**  National Park  Military Installation  Other Federal Property

***Submit authorization for State Inspectors to enter property.***

13. Do you pay refund value for the empty beverage containers?  Yes  No

14. Do you pay scrap value for the empty beverage containers?  Yes  No

15. Do you accept/collect containers only in California?  Yes  No

## SECTION 5 – DECLARATION AND SIGNATURES

- a. I agree to operate my program 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 \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Residence Address \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CA Driver License/ID Number \_\_\_\_\_ License Plate Number \_\_\_\_\_ SSN\*\* \_\_\_\_\_

**\*\* 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.)**

## SECTION 6 – INFORMATION ONLY

What other recyclable material(s) do you collect or accept?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Auto Batteries         | <input type="checkbox"/> Cardboard       | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Construction/Demolition                  |
| <input type="checkbox"/> Copper                 | <input type="checkbox"/> Iron            | <input type="checkbox"/> Magazines      | <input type="checkbox"/> Mixed Paper                              |
| <input type="checkbox"/> Newsprint              | <input type="checkbox"/> Oil             | <input type="checkbox"/> Oil Filters    | <input type="checkbox"/> Other Aluminum                           |
| <input type="checkbox"/> Other Glass            | <input type="checkbox"/> Other Plastic   | <input type="checkbox"/> Scrap Metal    | <input type="checkbox"/> Steel                                    |
| <input type="checkbox"/> Styrofoam              | <input type="checkbox"/> Telephone Books | <input type="checkbox"/> Tin Cans       | <input type="checkbox"/> Tires                                    |
| <input type="checkbox"/> Toner Cartridges       | <input type="checkbox"/> Used Oil        | <input type="checkbox"/> White Paper    | <input type="checkbox"/> Wood <input type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Other (explain): _____ |  |   |   |