



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
 DOR 908 (Rev 3/24)

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 (not necessarily the address where the recycling center will be located).

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).

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).

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).

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).

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.

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.

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.

8. Where else do you collect empty beverage containers?
 Streets/Alleys Apartment Complexes Parks/Recreation Areas
 Parking Lots Residential Garbage Transfer Station
 Special Events Landfill Disposal Site Material Recovery Facility (MRF)
 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.)

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): _____ | | | |