



APPLICATION

Clear

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CalRecycle 912-CZ1 (Rev. 2/18)

Convenience Zone Exemption

Mail to: CalRecycle • Division of Recycling • Convenience Zone Unit
801 K Street • MS 17-001 • Sacramento, CA 95814-3533

1. Applicant Information

Applicant Name _____ Firm/Organization _____

Contact Person _____ Mailing Address _____

City _____ State _____ Zip _____ Phone _____

2. Zone(s) Proposed for Exemption

Priority Company Name of Supermarket _____ Address of Supermarket _____

1. _____

2. _____

3. _____

4. _____

5. _____

Attach additional sheet if necessary

3. Justification for Exemption

Attach additional sheet if necessary

4. Signature of Applicant:

The applicant declares that all the information submitted for the Division's consideration is true and accurate to the best knowledge and belief of the undersigned, who is duly authorized to sign this exemption request.

Applicant's Signature _____ Title _____
(If Applicable)

Date _____