



# Application for Curbside Registration

State of California Department of Resource Recycling & Recovery  
CalRecycle 915 (Rev. 2/18)

**Mail to: CalRecycle • Division of Recycling • Curbside Section**  
801 K Street • MS 15-59 • Sacramento, CA 95814-3533  
**Questions? Call: (916) 323-3008**

**Instructions**

- *Print in Ink or Type.*
- *Submit a Separate Form for Each Curbside Program for Different Agencies*
- *Indicate N/A for items not Applicable.*

**Office Use Only**

App. # \_\_\_\_\_  New

Curbside ID# \_\_\_\_\_  Renewal

Expiration \_\_\_\_\_

## OPERATOR INFORMATION

**1)**  
 Contact Person \_\_\_\_\_  
First Middle Last Title

Organization Name \_\_\_\_\_  
Parent Company, If applicable Fictitious Business Name, If applicable

Business Address \_\_\_\_\_  
Address City County State Zip Code

Mailing Address \_\_\_\_\_  
Address City County State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Fax

### Type Of Organization

- 2) (Check one box)**
- a.  Individual:
  - b.  Partnership:  General or  Limited **Submit copy of current partnership agreement.**
  - c.  Corporation: **Number as filed with Secretary of State** \_\_\_\_\_  
**Submit articles of incorporation and list of current corporate officers.**  
 Profit or  Nonprofit (Select one)  
 Domestic or  Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**  
**Agent for service of process** \_\_\_\_\_
  - d.  Limited Liability Company: **Submit articles of organization, statement of information and operating agreement.**  
 Domestic or  Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**  
**Agent for service of process** \_\_\_\_\_
  - e.  Husband and Wife Co-Ownership: **Name of Spouse** \_\_\_\_\_
  - f.  Local Government Agency:  City  County  City & County  Other **Submit governing board resolution authorizing this application.**
  - g.  Federal Agency:  Military Installation  National Park  Other  Federal Property **Submit governing board resolution authorizing this application.**
  - h.  Joint Power of Authority (JPA) **Submit governing board resolution authorizing this application.**
  - i.  Other: Specify \_\_\_\_\_

- 3)** Submit a copy of the fictitious business name statement, if applicable
- 4)** Federal ID # (Employer ID#) \_\_\_\_\_  
**Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.**

# AGENCY INFORMATION

5) Name of Responsible Public Agency (City/County/District) \_\_\_\_\_

What Community/Communities Served by this Program \_\_\_\_\_

Contact Person \_\_\_\_\_  
First Middle Last Title

County \_\_\_\_\_ Public Agency Department \_\_\_\_\_

Business Address \_\_\_\_\_  
Address City County State Zip Code

Mailing Address \_\_\_\_\_  
Address City County State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Fax

6) Initial Program Start Date \_\_\_\_\_

7) Is the operator of the curbside program **currently certified** by CalRecycle, Division of Recycling, in any category? .....  Yes ....  No  
 If YES, list all valid Certification Number(s) \_\_\_\_\_

8) **Provide a dated and signed copy of the current contract, franchise agreement or letter from the responsible public agency, administrative officer or designee.**

9) Expiration Date of current Acknowledgment or Agreement \_\_\_\_\_

10) **Provide a current map showing boundaries of the curbside program.**

# PROGRAM INFORMATION

11) Number of Households Served  
 \_\_\_\_\_ Single family residences \_\_\_\_\_ Multi-family (2-4 units) residences \_\_\_\_\_ Apartment (units) residences

12) Do you also collect empty beverage containers directly from (**Check all that apply**)  
 Office buildings  Industrial buildings  Hotels, motels, bars, or restaurants  Other businesses

13) Frequency of Collection (**Check all that apply**)

Single Family	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
Multi-Family	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
Apartments	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly

Other (describe) \_\_\_\_\_

14) Method of Collection (**Check all that apply**)

Single Family	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard
Multi-Family	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard
Apartments	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard

Other (describe) \_\_\_\_\_

# PROGRAM INFORMATION *(Continued)*

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

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Aluminum     | <input type="checkbox"/> Glass          | <input type="checkbox"/> Plastic        | <input type="checkbox"/> Bi-metal      |
| <input type="checkbox"/> Newsprint    | <input type="checkbox"/> White Paper    | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Paper Mixed   |
| <input type="checkbox"/> Magazines    | <input type="checkbox"/> Phone books    | <input type="checkbox"/> Cardboard      | <input type="checkbox"/> Tin           |
| <input type="checkbox"/> Steel        | <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Other Metal    | <input type="checkbox"/> Glass-Mixed   |
| <input type="checkbox"/> Glass-sorted | <input type="checkbox"/> Plastic-PETE   | <input type="checkbox"/> Plastic-HDPE   | <input type="checkbox"/> Plastic-Other |
| <input type="checkbox"/> Green Waste  | <input type="checkbox"/> Wood           | <input type="checkbox"/> Used Oil       | <input type="checkbox"/> Oil filters   |

Others: \_\_\_\_\_

16) Type of separation at point of collection

- Mixed                       Sorted

17) Type of containers used at point of collection

- None                       Bins                       Automated Container                       Bag

Other (*describe*): \_\_\_\_\_

## SORTER INFORMATION

18) **Sorter Information #1**

Contact Person \_\_\_\_\_  
First Middle Last Title

Organization Name \_\_\_\_\_  
Fictitious Business Name, If Applicable

Business Address \_\_\_\_\_  
Address City County State Zip Code

Mailing Address \_\_\_\_\_  
Address City County State Zip Code

Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Fax

**All Location(s)**

Where sorting takes place \_\_\_\_\_  
Address City County State Zip Code

\_\_\_\_\_  
Address City County State Zip Code

**Sorter Information #2**

Contact Person \_\_\_\_\_  
First Middle Last Title

Organization Name \_\_\_\_\_  
Fictitious Business Name, If Applicable

Business Address \_\_\_\_\_  
Address City County State Zip Code

Mailing Address \_\_\_\_\_  
Address City County State Zip Code

Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Fax

**All Location(s)**

Where sorting takes place \_\_\_\_\_  
Address City County State Zip Code

\_\_\_\_\_  
Address City County State Zip Code

**(Attach additional sheets for sorters as necessary)**

19) Provide the name and certification number of the recycling centers and/or processors where the materials are most often sold.

Name \_\_\_\_\_ Certification Number \_\_\_\_\_

*Material Type*       Aluminum       Glass       Plastic       Bi-metal

Name \_\_\_\_\_ Certification Number \_\_\_\_\_

*Material Type*       Aluminum       Glass       Plastic       Bi-metal

# DECLARATION AND SIGNATURES

- 20) 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.

**Note: Please refer to note below (\*) for information on who is eligible and required to sign this form.**

Executed at \_\_\_\_\_ on \_\_\_\_\_  
City County State (Month/ Day/Year)

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

Printed Name \_\_\_\_\_ Residence Phone(\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Address City State Zip Code

Social Security #\*\* \_\_\_\_\_ California Driver License # \_\_\_\_\_

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Executed at \_\_\_\_\_ on \_\_\_\_\_  
City County State (Month/ Day/Year)

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

Printed Name \_\_\_\_\_ Residence Phone(\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_  
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Residence Address \_\_\_\_\_  
Address City State Zip Code

Social Security #\*\* \_\_\_\_\_ California Driver License # \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Residence Phone(\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Address City State Zip Code

Social Security #\*\* \_\_\_\_\_ California Driver License # \_\_\_\_\_

**Attach Additional Sheet if Necessary.**

\* Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Husband & Wife Co-ownerships-both husband & wife; 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).

\*\* 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.).