



## Department of Resources Recycling and Recovery

Certification and Registration Branch

### Application Instructions for

## Pilot Project Recyclers

### General Instructions for Pilot Project Recycler Applicants:

- Writing must be legible. (**Note:** You can visit our website and download a fillable PDF.)
- 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 submission. Incomplete applications delay the process.
- Make sure to submit all the required information, including attachments.
- If you have questions, please call Michael Vanderburg at (916) 327-2769.

#### Section 1 – Precertification Training and Examination Requirements

**Name:** The legal first, middle, last, and suffix (Jr., Sr., III, if applicable) name of the person who holds the voucher for your organization.

**Title:** This is the voucher holder's job title, such as, owner.

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

**Registry ID Number (optional):** The registry ID of the voucher holder. This can be found on the voucher.

#### Section 2 – Contact Person Information

**Name:** The legal first, middle, last, and suffix (Jr., Sr., III, if applicable) name of the person who will be the primary contact for your organization. This person will receive the mail, e-mails, and phone calls.

**Title:** This is the contact person's job title, such as, owner.

**Primary Language Spoken (Optional):** Indicate the main languages spoken/written. This helps us to properly assign the account to a bilingual staff person, if available.

**Residence Address:** The home address of the contact person.

**CA Driver License/ID:** The driver license/identification card number of the contact person.

**SSN (Optional):** The social security number of the contact person.

**DOB:** Date of birth of the contact person.

**Business Phone:** This is the phone number for CalRecycle staff to call the contact person during normal business hours. Include the area code.

**Home Phone:** The home phone number of the contact person. Include the area code.

**Cell Phone:** The cell phone number of the contact person. Include the area code.

**Note:** Check the "Preferred" box next to the best phone number for CalRecycle staff to contact you.

**E-mail:** This is the e-mail address for the contact person. Please use an e-mail address that is checked regularly, as CalRecycle may send important updates about our program to this address.

### Section 3 – Organization Information

**Business Name:** Should CalRecycle make payments to your business, checks will be made payable to this name. It should match your business documents (for example, bank account names, articles of incorporation, etc.).

**Doing Business As:** If you are using a different name than the business name, write that name here, and include your fictitious business name statement with your application. If this does not apply, write “N/A.”

**Business Address:** This is the address where you will store your business records (it may, or may not, be where you conduct your recycling business). Include the suite/apt number if applicable. This may not be a PO Box.

**Mailing Address:** This is the address where CalRecycle will send important notices and payments. This address can be a PO Box, residence address, or business address. Include a suite/apt number, if applicable.

**Business Phone:** A phone number where the public can reach the operator during normal business hours. Include the area code.

**E-mail:** An e-mail address where the public can reach the operator during normal business hours.

**Website (Optional):** A website for customers to learn more about your business.

**Taxpayer ID:** **THIS FIELD CANNOT BE LEFT BLANK OR YOUR APPLICATION WILL NOT BE ACCEPTED.** This is the employee identification number. For sole proprietorships and spouse partnerships without employees, you may use a social security number.

### Section 4 – Type of Organization

Check the box that describes your organization.

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

#### 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 a certification from the secretary of state authorizing your company to do business in California.
- Write in your corporate number.
- Write in the 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 your agent for service of process.

#### Limited Liability Company not formed in California

- Submit a copy of the articles of organization, a statement of information, an operating agreement, and a certification from the Secretary of State authorizing your company to do business in California.
- Write in your agent for service of process.

#### Non Profit 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).

#### Local Government

- Submit a board resolution authorizing the application.

#### Federal Government

### **Section 5 – 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 number with which that person is involved.

#### **Question 2** – Check yes or no.

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

### **Section 6 – Program Information**

You must answer each question.

#### **Item 1** – Check yes or no.

The authorized person must initial. For partners or spouse co-ownerships, all parties must sign.

#### **Item 2** – Check which type of program you will operate.

**Note:** Only check one. Each different program type needs a separate application.

#### **Item 3** – Attach a map of the service area, including proposed locations of your pilot project recycler site(s).

#### **Item 4** – Complete an operational plan and include it with your application. You may use the Operational Plan suggested format:

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

### **Section 7 – Addresses**

**Pilot Project Recycler Name:** This should be the name of your recycling program. This does not need to be the same as your business name.

#### Redemption Location Address

- **Street Address:** This is the specific address where your recycling program will operate. This cannot be a description (e.g. corner of Main St. and Star Ave.). If you will operate at multiple locations, include additional page(s) with the additional address(es). You may use the Pilot Project Recycler Location Addresses suggested format:  
[www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm](http://www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm).
- **Facility Phone:** This is a phone number that the public can call to find out more information about your recycling program.
- **Type of Use Agreement:** Check if you own, rent, or have a different type of use agreement for this location. Only check one.
- **Nearest Cross Street:** Indicate the nearest cross street for this location.
- **Hours of Operation:** Write in the hours you will be open for business (and the days which you will be closed) at this location each week. Write am or pm as well. If you will be closed for lunch, indicate that in the lunch hours box, otherwise, write "N/A" in that box.
- **Property Owner/Lease Holder Name:** Write the name of the property owner or lease holder for this location.

- **E-mail:** An e-mail address where CalRecycle can reach the property owner.
- **Business Name:** Indicate if the property owner has a business name (e.g., : ABC Properties).
- **Phone Number:** This is the property owner's phone number. Include the area code.
- **Mailing Address:** This is the property owner's mailing address.

#### Inspection Location Address

- **Same As Above:** If you will inspect material at your redemption location (listed above on the same page), check the "same as above" box and do not fill out this address box.
- **Street Address:** This is the specific address where you will inspect your material. This cannot be a description (e.g. corner of Main St. and Star Ave.). If you will inspect at multiple locations, include additional page(s) with the additional address(es). You may use the Pilot Project Recycler Location Addresses suggested format:  
[www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm](http://www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm).
- **Facility Phone:** This is a phone number where CalRecycle staff can reach the operator at this location.
- **Type of Use Agreement:** Check if you own, rent, or have a different type of use agreement for this location. Only check one.
- **Nearest Cross Street:** Indicate the nearest cross street for this location.
- **Property Owner/Lease Holder Name:** Write the name of the property owner or lease holder for this location.
- **E-mail:** An e-mail address where CalRecycle can reach the property owner.
- **Business Name:** Indicate if the property owner has a business name (e.g., : ABC Properties). **Phone Number:** This is the property owner's phone number. Include the area code.
- **Mailing Address:** This is the property owner's mailing address.

#### Storage Location Address

- **Same As Above:** If you will store material at your redemption or inspection location (listed above on the same page), check the "same as above" box and circle redemption or inspection and do not fill out this address box.
- **Street Address:** This is the specific address where you will store material. This cannot be a description (e.g. corner of Main St. and Star Ave.). If you will store at multiple locations, include additional page(s) with the additional address(es). You may use the Pilot Project Recycler Location Addresses suggested format:  
[www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm](http://www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm).
- **Facility Phone:** This is a phone number where CalRecycle staff can reach the operator at this location.
- **Type of Use Agreement:** Check if you own, rent, or have a different type of use agreement for this location. Only check one.
- **Nearest Cross Street:** Indicate the nearest cross street for this location.
- **Property Owner/Lease Holder Name:** Write the name of the property owner or lease holder for this location.
- **E-mail:** An e-mail address where CalRecycle can reach the property owner.
- **Business Name:** Indicate if the property owner has a business name (e.g., : ABC Properties).

- **Phone Number:** This is the property owner’s phone number. Include the area code.
- **Mailing Address:** This is the property owner’s mailing address.

## Section 8 – Authorizing Jurisdiction

**Contact Person Name:** This is the contact person for the jurisdiction within which your pilot project recycler is operating.

**Jurisdiction Name:** This is the name of the jurisdiction within which your recycling program is operating.

**Direct Phone Number:** This is the phone number to reach the contact person for the jurisdiction.

**E-mail Address:** This is the e-mail address to reach the contact person for the jurisdiction.

## Section 9 – Declarations and Signatures

### Who Must Sign the Affidavit:

- Sole proprietorships – the applicant
- Partnerships – every partner
- Married couple co-ownerships – both married couple co-owners
- Corporations, limited liability companies, government, public agencies – persons with authority to legally bind said entity to a contract (e.g. executive officer, managing member)

Provide the following information for each person signs the application:

**Executed at:** The city, county, state, and date the application’s affidavit was signed.

**Signature:** Sign the application, preferably in blue ink. This must be an original, “wet-ink” signature. If using an electronic, fillable PDF to complete the form, please print and sign. Copies, scans, faxes, nor electronic signatures will be accepted. **THIS CANNOT BE LEFT BLANK OR THE APPLICATION WILL NOT BE ACCEPTED.**

**Name:** Legal first, middle, last, and suffix (Jr., Sr., III if applicable) name of the person signing the application. The name must match what is on the valid ID.

**Title (Optional):** The job title of the signatory (e.g. owner, president).

**Language Spoken (Optional):** The spoken language of the signatory.

**Residence Address:** The address where the signatory lives.

**California Driver License / ID Number:** Provide a valid driver license or identification card number for the signatory.

**SSN (Optional):** The social security number for the signatory.

**DOB (Optional):** The date of birth for the signatory.

**Business Phone:** This is the phone number for CalRecycle staff to call the contact person during normal business hours. Include the area code.

**Home Phone:** The home phone number of the contact person. Include the area code.

**Cell Phone:** The cell phone number of the contact person. Include the area code.

**Note:** Check the “preferred” box next to the best phone number for CalRecycle staff to contact you.

Proceed to the next page.



**DIVISION OF RECYCLING/CERTIFICATION UNIT**  
801 K Street, MS 15-59, Sacramento, CA 95814  
(916) 324-8598

www.calrecycle.ca.gov

State of California  
CalRecycle 916 (New 4/19)

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

**DOR USE ONLY**

Pilot ID \_\_\_\_\_

Case # \_\_\_\_\_

Cert ID \_\_\_\_\_

## Certification Application

### Pilot Project Recycler

- Please type or print neatly in ink
- Write N/A for any items that are not applicable

Only complete if you are already in the pilot program:

\*\*Operator Registry ID: \_\_\_\_\_

\*\*Pilot Project Number: \_\_\_\_\_

#### SECTION 1 – PRECERTIFICATION TRAINING AND EXAMINATION REQUIREMENTS

Name of Application Voucher Holder	Title	Application Voucher Number	Registry ID Number (optional)
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#### SECTION 2 – CONTACT PERSON INFORMATION

First Name	Middle Name	Last Name	Suffix
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Title	Primary Language Spoken (optional)
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Residence Address	Suite
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City	County	State	Zip
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California Driver License/Identification Number	SSN* (Optional)	DOB
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Check "Preferred" for the phone number you would prefer we call first when trying to reach you.

Business Phone ( )	Preferred <input type="checkbox"/>	Home Phone ( )	Preferred <input type="checkbox"/>
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Cell Phone ( )	Preferred <input type="checkbox"/>	E-mail
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#### SECTION 3 – ORGANIZATION 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 pilot project recycler will be located).

Business Name	Doing Business As ( <b>attach Fictitious Business Name Statement</b> ):
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Business Address (see definition above; no PO Boxes)	Suite/Apt	City	County	State	Zip
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Mailing Address (indicate if same as business)	Suite/Apt	City	County	State	Zip
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Business Phone ( )	E-mail	Website
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**Taxpayer ID:**

**Required for ALL applications.**

Note: Only sole proprietors or spousal partnerships without employees may use a social security number as the taxpayer ID number.

## SECTION 4 – TYPE OF ORGANIZATION

(Check only **ONE** box)

### For Profit

☐ Sole Proprietorship

☐ Married Couple Co-ownership  
Spouses' Names: \_\_\_\_\_  
\_\_\_\_\_

Partnership  
*Submit copy of partnership agreement*

\_\_\_\_ General or \_\_\_\_ Limited

☐ California Corporation  
*Attach article of incorporation & list of corporate officers)*  
*Corporate Number:*

Agent for Service of Process: \_\_\_\_\_

☐ Corporation not formed in California  
*Attach articles of incorporation, list of corporate officers,  
and certification from secretary of state authorizing  
corporation to transact business in California.*

Corporate Number: \_\_\_\_\_

Agent for Service of Process: \_\_\_\_\_

☐ California Limited Liability Company  
*Attach articles of organization, statement of information,  
and operating agreement*

Agent for Service of Process: \_\_\_\_\_

☐ Limited Liability Company not formed in California  
*Attach articles of organization, statement of information,  
operating agreement, certification from secretary of state  
authorizing company to transact business in California.*

Agent for Service of Process: \_\_\_\_\_

☐ Non Profit 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 \_\_\_\_ City \_\_\_\_ County \_\_\_\_ Other: \_\_\_\_\_  
*Attach board resolution authorizing application*

☐ Federal Government \_\_\_\_ Military \_\_\_\_ National Park \_\_\_\_ Other: \_\_\_\_\_

## SECTION 5 - ORGANIZATION HISTORY

1. Are you, your spouse, your partner, or any corporate officer currently or have ever been certified by CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No  
*If YES, Name(s) of individuals and certification number(s). (Attach additional pages, if needed.)*

\_\_\_\_\_

2. Do you, your spouse, your partner, or any corporate officer have additional pending applications or have ever applied with CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No  
*If YES, Name(s) of individuals and certification number(s). (Attach additional pages, if needed.)*

\_\_\_\_\_

## SECTION 6 – PROGRAM INFORMATION

1. Do you agree to accept and redeem all type(s) of redeemable beverage containers within your program/at your facilities? ☐ Yes ☐ No  
*If partners, or spouse co-owners, all parties must initial.*
2. How will you redeem eligible CRV material from consumers? (Check one)
- ☐ Mobile Service
- ☐ Stationary Location
- ☐ Other (brief description) \_\_\_\_\_
3. **Attach a map of the service area, including proposed locations of pilot project recyclers.**
4. **Complete the operational plan and any additional sheets needed.**



**SECTION 7 – ADDRESSES**  
*Attach additional sheets as necessary.*

**Pilot Project Recycler Name**

**Redemption Location Address**

Street Address Suite City County Zip

Facility Phone ( )	Type of Use Agreement: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Nearest Cross Street	
Hours of Operation (for example: 8:00 AM to 5:00 PM)	Sunday	Monday	Tuesday	Wednesday
	Thursday	Friday	Saturday	Lunch Hours
Property Owner/Lease Holder Name (First, Last)			E-mail Address	

Business Name (if applicable) Phone Number  
( )

Mailing Address Suite City County Zip

**Inspection Location Address** ☐ Same As Redemption Location ☐ Same As Storage Location

Street Address Suite City County Zip

Facility Phone ( )	Type of Use Agreement: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Nearest Cross Street	
Property Owner/Lease Holder Name (First, Last)			E-mail Address	

Business Name (if applicable) Phone Number  
( )

Mailing Address Suite City County Zip

**Storage Location Address** ☐ Same Redemption Location ☐ Same As Inspection Location

Street Address Suite City County Zip

Facility Phone ( )	Type of Use Agreement: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Nearest Cross Street	
Property Owner/Lease Holder Name (First, Last)			E-mail Address	

Business Name (if applicable) Phone Number  
( )

Mailing Address Suite City County Zip

*For any property located on Federal Land, you must provide written authorization from the responsible federal agency allowing state inspectors to enter the property.*

## SECTION 8 – AUTHORIZING JURISDICTION

Contact Person Name (First, Last)	Jurisdiction Name
Direct Phone Number (     )	E-mail Address

## SECTION 9 – DECLARATION AND SIGNATURES

*Attach additional sheets as necessary.*

**Who must sign affidavit:** For sole proprietorships-the applicant; partnerships-each partner; married couples-both spouses; corporations, limited liability companies, government or public agencies-persons with authority to legally bind said entity (e.g., executive officer, managing member).

- a. I agree to operate the facility/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.

Executed at: City	County	State	Date
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Signature

First Name	Middle Name	Last Name	Suffix
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Title (Optional)	Primary Language Spoken (optional)
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Residence Address	Suite
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City	State	Zip
------	-------	-----

California Driver License/Identification Number	SSN (optional)*	DOB (optional)
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*Check "Preferred" for the phone number you would prefer we call first when trying to reach you.*

Business Phone (     )	<i>Preferred</i> <input type="checkbox"/>	Home Phone (     )	<i>Preferred</i> <input type="checkbox"/>
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Cell Phone (     )	<i>Preferred</i> <input type="checkbox"/>	E-mail
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*\*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.).*

# Application Checklist

## Pilot Project Recycler

### Before Mailing Your Application, Did You:

- ☐ **Include a Taxpayer/Employer ID?**
  - All applicants *MUST* have a taxpayer/employer ID in Section 3. Only sole proprietorships or spousal partnerships without employees may use a social security number in Section 3.
- ☐ **Provide the Redemption, Inspection and Storage Address(es)?**
  - You may use the Pilot Project Recycler Location Addresses suggested format:  
[www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm](http://www.calrecycle.ca.gov/putinlaterwhatthelinkisforAddressForm)
- ☐ **Provide Original Initials?**
  - Section 6; for partnerships – all partners must initial. See Section 10 “Who Must Sign Affidavit” for requirements for all organization types.
- ☐ **Provide an Original Signature?**
  - Section 10; for partnerships – all partners must sign. See Section 10 “Who Must Sign Affidavit” for requirements for all organization types.

### Do Not Forget to Include:

- ☐ **Completed Operational Plan**
  - You may use the Operational Plan suggested format found at:  
[www.xxxx.ca.gov](http://www.xxxx.ca.gov)
- ☐ **Application Voucher**
  - Expired vouchers will *NOT* be accepted and your application will be rejected.
- ☐ **Lease(s), Property Tax Statement(s), or Use Agreement(s)**
- ☐ **Required Organization Documentation**
  - See Section 4 of the application for specifics.
- ☐ **Jurisdiction Authorization**
  - This must be on the jurisdiction’s letterhead.
- ☐ **Federal or Tribal Authorization Letter (if applicable)**
- ☐ **Map**

**WARNING:** If your application is not properly completed, or you fail to provide the required enclosures, your application may be rejected or determined to be incomplete.