



Certification Application

DROPOFF OR COLLECTION & COMMUNITY SERVICE PROGRAMS

Mail to: CalRecycle • Division of Recycling • Certification Section
801 K Street • MS 15-59 • Sacramento, CA 95814-3533
Questions? Call: (916)324-8598

Instructions

- Print In Ink Or Type.
- Submit A Separate Form For Each Location Or Category.
- Indicate N/A For Any Items Which Are Not Applicable.

Office Use Only

App. # _____
 Category: Dropoff or Collection Program Community Service Program
 Neighborhood Dropoff Program
 Certification No. _____
 2 year Probationary: Expiration _____

OPERATOR 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 _____

2) (Check one box)

Type Of Organization

- a. Individual:
- b. Partnership: ___ General or ___ Limited **Submit copy of current partnership agreement.**
- c. Corporation: **Submit Articles of Incorporation and list of current corporate officers.**
Corporate # as filed with Secretary of State _____
 ___ 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. Nonprofit Organization with State of California or Federal Tax Exempt Status.
- g. Government or Public Agency: _____ City _____ County _____ City & County _____ School _____ State _____ Federal
Submit governing board resolution authorizing this application.
- h. Other (Explain): _____

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#.

OPERATOR INFORMATION (Continued)

- 5) Are you or this program **currently certified** by CalRecycle, Division of Recycling, in any category? Yes No
If YES, Certification Number(s) _____
- 6) Were you or this program **previously certified** by CalRecycle, Division of Recycling, in any category? Yes No
If YES, Certification Number(s) _____
- 7) Do you or this program have other applications **pending** with CalRecycle, Division of Recycling, in any category? Yes No
- 8) Have you or this program **ever been denied** certification by CalRecycle, Division of Recycling, in any category? Yes No
- 9) Do you speak English? Yes No
If No, which language is spoken? _____

PROGRAM DESCRIPTION

- 10) Program Name _____
- 11) What types of empty beverage containers do you collect or accept?
 Aluminum Glass Plastic Bimetal
- 12) 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

- 13) Do you have an established (or regular) route you follow to collect empty beverage containers? Yes No
- 14) Do you have a regular schedule for collecting empty beverage containers? Yes No
- 15) Do you collect empty beverage containers directly from bars, restaurants, hotels and motels? Yes No
If yes, please list the name, address, phone and contact person for three of any of the following: bars, restaurants, hotels and motels where you collect.

- 16) Do you collect empty beverage containers directly from office buildings, industrial/commercial buildings? Yes No
If yes, please list the name, address, phone and contact person for three of any of the following: office buildings, industrial/commercial buildings where you collect.

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

PROGRAM DESCRIPTION (Continued)

18) Do you have donation bins at specific locations? Yes No

If yes, how many? _____

If yes, where are your donation locations? (e.g., school, store parking lot, church, specific address, etc.)

19) Do you collect empty beverage containers at **residential** curbside under contract or with written acknowledgment by a local government agency? Yes No

20) 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.

21) Do you operate a dropoff or collection program located on federal land? Yes No

National Park Military Installation Other Federal Property

If yes, submit authorization for State Inspectors to enter property.

22) Do you pay refund value for the empty beverage containers? Yes No

23) Do you pay scrap value for the empty beverage containers? Yes No

24) Do you accept/collect containers only in California? Yes No

DECLARATION AND SIGNATURES

25) 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.

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

Vehicle License # _____ California Driver License # _____

Social Security # ** _____

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

Signature _____ Title _____

Printed Name _____ Residence Phone () _____

Residence Address _____
Address City State Zip Code

Vehicle License # _____ California Driver License # _____

Social Security # ** _____

*** 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.).**

FOR INFORMATION ONLY

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

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