Mail to: DIVISION OF RECYCLING/CERTIFICATION UNIT
1001 I Street, MS 9A, Sacramento, CA 95814
(916) 324-8598

OFFICE USE ONLY
Reg ID _____
Case ID _____

www.calrecycle.ca.gov
State of California
DOR 50 (Rev 8/24)

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

Certification Application
Curbside Registration

- **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.

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 officers.*

☐ Corporation not Formed in California*

Also **attach a certification from the Secretary of State authorizing the corporation to transact business in California.*

Select one: ___ Profit ___ Nonprofit

Corporate Number: _____

Agent for Service of Process: _____

☐ California Limited Liability Company (LLC)

***For all LLCs**: Attach the Articles of Organization, Statement of Information, and Operating Agreement.*

☐ LLC not Formed in California*

**Also attach a certification from the Secretary of State authorizing the company to transact business in California.*

Agent for Service of Process: _____

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 ___ Other _____

***Attach** board resolution authorizing application.*

☐ Federal Government

___ Military ___ National Park ___ Federal Property ___ Other _____

***Attach** board resolution authorizing application.*

☐ Joint Power of Authority (JPA)

***Attach** board resolution authorizing application.*

SECTION 3 – AGENCY INFORMATION

Public Agency Information

Name of Responsible Public Agency | Communities Served by this Program

Public Agency Contact Person
First | Middle | Last | Title

County | Public Agency Department

Business Street Address | Suite/Apt

City | County | State | Zip

Mailing Address | Suite/Apt

City | County | State | Zip

Phone | Email Address

( )

1. Initial Program Start Date _____
2. Expiration Date of current Franchise Agreement/Acknowledgement _____

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

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

3. Is the operator of this curbside program currently certified by CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No

If YES, name(s) all valid certification number(s). Use additional pages as necessary.

_____

SECTION 4 – PROGRAM INFORMATION

4. Number of Households/Residences Served

   _____ Single Family _____ Multi-Family (2-4 units) _____ Apartment (unit)

5. Do you also collect empty beverage containers directly from (check all that apply)

   ☐ Office Buildings ☐ Industrial Buildings

   ☐ Hotels, motels, bars, or restaurants ☐ Other Businesses

   If yes, provide your CP or SP number: _____

   (commercial material cannot be reported under a CS number)

SECTION 4 – PROGRAM INFORMATION (CONTINUED)

6. Frequency of Collection (check all that apply)

	Single Family	Multi-Family	Apartments
Weekly	☐	☐	☐
Every 2 Weeks	☐	☐	☐
Twice Monthly	☐	☐	☐
Monthly	☐	☐	☐

Other (describe): _____

7. Method of Collection (check all that apply)

	Single Family	Multi-Family	Apartments
At Curb – Manual	☐	☐	☐
At Curb – Semi-Automated	☐	☐	☐
At Curb – Automated	☐	☐	☐
Backyard	☐	☐	☐

Other (describe): _____

8. Please indicate which types of empty CRV beverage containers you accept or collect:

☐ Aluminum ☐ Bag in a Box ☐ Bi-metal ☐ Glass ☐ Multilayer Pouch
☐ Paperboard Carton ☐ Plastic-PETE (#1) ☐ Plastic-HDPE (#2) ☐ Plastic (#3-#7)

9. Please indicate the other types of recyclable material you accept:

☐ Cardboard ☐ Green Waste ☐ Newsprint ☐ Oil filters
☐ Other Aluminum ☐ Other Metal ☐ Paper ☐ Steel
☐ Tin ☐ Used Oil ☐ Wood
☐ Others _____

10. Type of Separation at point of collection

☐ Mixed ☐ Sorted

11. Type of Containers used at point of collection

☐ Automated Container ☐ Bag ☐ Bins ☐ None
☐ Other (describe): _____

SECTION 5 – SORTER INFORMATION

12. Provide the name and certification number of the recycling centers and/or processors where your material is most often sold and the types of material sold there. (attach more pages as necessary)

Name: _____ Certification Number: _____

☐ Aluminum ☐ Plastic* ☐ Glass ☐ Bimetal

Name: _____ Certification Number: _____

☐ Aluminum ☐ Plastic* ☐ Glass ☐ Bimetal

*Plastic includes Bag-in-Box, Multilayer Boxes, and Paperboard Cartons.

13. **Sorter Information #1**

Sorter Contact Person

First Middle Last Title

Organization Name Fictitious Business Name, if Applicable

Business Street Address Suite/Apt City County State Zip

Mailing Street Address Suite/Apt City County State Zip

Phone Email Address

( )

All location(s) sorting takes place:

Sorting Street Address Suite/Apt City County State Zip

Sorter Information #2

Sorter Contact Person

First Middle Last Title

Organization Name Fictitious Business Name, if Applicable

Business Street Address Suite/Apt City County State Zip

Mailing Street Address Suite/Apt City County State Zip

Phone Email Address

( )

All location(s) sorting takes place:

Sorting Street Address Suite/Apt City County State Zip

Section 6 – 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		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.)**