



Application for Curbside Registration

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 # _____

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 # _____

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 # _____

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 # _____

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.).**