

Covered Electronic Waste (CEW) Recycling Payment Claim

I. Approved Recycler

Federal Employer Identification Number (FEIN):	CEWID Number:
Recycler Name:	
Payee Mailing Address, City, Zip:	
Contact Name:	Telephone Number:
Contact E-Mail Address:	Reporting Month/Year:

II. Payment Claimed for Cancelled Covered Electronic Wastes (CEWs)

CEW Type	Rate	Pounds	Amount
CRTs and/or CRT CEWs (Attach CalRecycle 196A)			\$
Non-CRT CEWs (Attach CalRecycle 196B)			\$
Total weight and payment claimed	NA		\$

III. Required Supporting Documentation Attached

Check (X) all applicable boxes below to indicate documents attached.

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| <input type="checkbox"/> Collection Logs (CalRecycle 198)
<input type="checkbox"/> Source Anonymous Logs (CalRecycle 198SA)
<input type="checkbox"/> Proof of Designations (CalRecycle 184)
<input type="checkbox"/> Transfer Receipts (CalRecycle 197) | <input type="checkbox"/> Cancellation Record/Processing Log
<input type="checkbox"/> Weight Certificates
<input type="checkbox"/> Shipping Records
<input type="checkbox"/> Destination(s) Receipt |
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IV. Declarations and Signature

I hereby declare under penalty of perjury that:

- The Approved Recycler whom I represent is currently in compliance with all Federal, State and local requirements, including compliance with the requirements of the Act and this Chapter.
- All claimed CEWs have been cancelled as specified in Title 14 CCR § 18660.32 and are unable to re-enter the payment system, and all treatment residuals specified in Title 14 CCR § 18660.22(c) derived from the claimed CEWs have been shipped off-site to an initial destination(s) authorized to receive and further treat or legally dispose of those treatment residuals.
- I have certified the weights and verified the calculations, including the adjustments for CEWs from non-California sources and for prior cancellation.
- This payment claim, including any and all accompanying documents has been examined by me and is true and correct.
- I understand that errors or omissions on my part may result in CalRecycle delaying or denying payment.
- I further understand that fraud could result in revocation of the Recycler's approval.

Signature of Approved Recycler	Printed Name	City, State Signed	Date

For CalRecycle Use Only

Date Postmarked:	Claim Number:
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CEW Type	Rate	Eligible Lbs.	Eligible Amount
CRT CEWs			\$
Non-CRT CEWs			\$
Total Approved	N/A		\$

Voucher ID:

Staff	Name	Signature	Date
Program Staff			
Program Management			
Accounting			