

### Application for Approval: Collector

This form is to be used by entities intending to participate in the CalRecycle Covered Electronic Waste (CEW) Recycling Program as only an approved collector. To receive approval in this program, all applicants must comply with applicable Department of Toxic Substances Control (DTSC) regulations.

Supplemental information or supporting documentation may be required to complete the application process. Please take care to ensure all additional documents are clearly marked to indicate their purpose. Complete the fields below using the fillable PDF feature or print legibly in permanent ink. All signatures must be original. Void errors only by marking a single line through the error.

#### I. Applicant Information

Organization Name*:	
<input type="checkbox"/> New Applicant <u>or</u>	
<input type="checkbox"/> Application from previously approved participant (CEWID number: _____)	
Check appropriate box:	<input type="checkbox"/> Update to information prior to renewal <input type="checkbox"/> Biennial Renewal (due every two years) <input type="checkbox"/> Reapply (after expiration/denial/revocation)

\*Provide name as authorized to transact business in California with supporting documentation noted in Section IV and submitted with this application.

#### II. Addresses

Type	Address	City	County	State	Zip
Physical Location					
Mailing					
Operational Records					

#### III. Website, Phone Number, and Public Directory

Website:	Main Phone Number:
<p>All participants are listed in the <a href="https://www2.calrecycle.ca.gov/Electronics/cew/participantsDirectory">Directory of Approved Collectors and Recyclers of CEW</a> to facilitate CEW transactions between participants within the context of the CEW Recycling Program (<a href="https://www2.calrecycle.ca.gov/Electronics/cew/participantsDirectory">https://www2.calrecycle.ca.gov/Electronics/cew/participantsDirectory</a>). CalRecycle hosts another directory for the general public, <a href="https://www2.calrecycle.ca.gov/Electronics/eRecycle/">Where Do I Recycle E-Waste?</a>, in which your organization may choose to be displayed or not (<a href="https://www2.calrecycle.ca.gov/Electronics/eRecycle/">https://www2.calrecycle.ca.gov/Electronics/eRecycle/</a>). Please indicate your preference:</p> <input type="checkbox"/> Yes, display us on the general public-focused directory, <b>or</b> <input type="checkbox"/> No, do <u>not</u> display us on the general public-focused directory.	

#### FOR CALRECYCLE USE ONLY

Received by:	Date Postmarked (Stamp)	Date Received (Stamp)
<input type="checkbox"/> Mail		
<input type="checkbox"/> E-mail		

#### IV. Organization Type and Required Documentation

Supporting documentation referenced below is required. However, a previously approved participant may certify their organization's supporting documentation remains current and accurate since the last application approval. Initialing to the left authorizes CalRecycle to use any previously submitted documentation to satisfy the application requirements.

##### Organization Details

Type	Check to Indicate Supporting Documentation Provided or Already on File
<input type="checkbox"/> California Corporation	<input type="checkbox"/> Articles of Incorporation as filed with the Secretary of State (SoS) <input type="checkbox"/> Name and position of all current corporate officers as filed with the SoS <input type="checkbox"/> Corporate number as filed with the SoS <input type="checkbox"/> Agent for service of process as filed with the SoS <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Corporation from a State Other Than California	<input type="checkbox"/> Approved certificate from California Secretary of State qualifying and authorizing corporation to transact business in California <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> California Limited Liability Company (LLC)	<input type="checkbox"/> Articles of Organization as filed with the Secretary of State (SoS) <input type="checkbox"/> Statement of Information as filed with the SoS <input type="checkbox"/> Any operating agreement <input type="checkbox"/> Agent for service of process as filed with the SoS <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Limited Liability Company from a State Other than California (LLC)	<input type="checkbox"/> Certificate from the California Secretary of State authorizing LLC to transact business in California <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Individual	<input type="checkbox"/> Business license (if not required by Local Jurisdiction, check here: <input type="checkbox"/> ) <input type="checkbox"/> Organization name includes a Surname as required by Business and Professions Code Sections 17900-17930)
<input type="checkbox"/> Individual Doing or Proposing to Do Business Under a Different Name	<input type="checkbox"/> Business license (if not required by Local Jurisdiction, check here: <input type="checkbox"/> ) <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Non-profit or Charity	<input type="checkbox"/> Description of Organization <input type="checkbox"/> Information from the Federal Internal Revenue Service or the State of California Franchise Tax Board confirming tax exempt status <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Partnership	<input type="checkbox"/> Current partnership agreement <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> )
<input type="checkbox"/> Spousal or Domestic Partnership Co-ownership	<input type="checkbox"/> Business license (if not required by Local Jurisdiction, check here: <input type="checkbox"/> ) <input type="checkbox"/> Any fictitious business name statement (if not required per Business and Profession Code Sections 17900-17930, check here: <input type="checkbox"/> ) <input type="checkbox"/> Complete names of both spouses/partners
<input type="checkbox"/> Government Agency	<input type="checkbox"/> No documentation required for collector applicants

**V. Authorized Personnel**

1-Name:	Signature is required in Section IX
E-mail:	Phone Number (ext):
<input checked="" type="checkbox"/> Primary Signatory (may sign all documents) <input type="checkbox"/> Main Contact	
2-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Main Contact <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents (check Main Contact if Primary Signatory above is not checked as Main Contact)	
3-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
4-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
5-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
6-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
7-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
8-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
9-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
10-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	

### VI. DTSC Notification of Intent (NOI) Requirements

Per DTSC regulations, to be authorized to receive material, a Universal Waste Handler must notify DTSC of their intent to handle electronic devices and report on those activities annually (Chapter 23 of Title 22 of the California Code of Regulations (CCR)). Information on notifications may be viewed on [DTSC's website](https://dtsc.ca.gov/electronic-hazardous-waste/) (https://dtsc.ca.gov/electronic-hazardous-waste/). DTSC may be contacted for assistance at [electronicwaste@dtsc.ca.gov](mailto:electronicwaste@dtsc.ca.gov). Compliance with all applicable DTSC regulations is solely the responsibility of the applicant. Failure to comply with DTSC requirements will result in the denial of this application.

Business Name*:		Business ID:
NOI Address*:		
NOI Date:	NOI Facility ID:	

\*Provide business name and address as it appears in the DTSC NOI. NOI address above should match the physical address provided on the first page of this application.

### VII. Collection Activities

Type(s) of California sources from which CEW will be recovered (check all that apply):

<input type="checkbox"/> Households	<input type="checkbox"/> Businesses	<input type="checkbox"/> Other Collectors	<input type="checkbox"/> Other (specify):
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Type(s) of CEWs that may be recovered (check all that apply):

<input type="checkbox"/> Cathode Ray Tube (CRT) Televisions	<input type="checkbox"/> CRT Computer Monitors	<input type="checkbox"/> Plasma Televisions
<input type="checkbox"/> Liquid Crystal Display (LCD) Televisions	<input type="checkbox"/> LCD Monitors	<input type="checkbox"/> LCD Laptop Computers
<input type="checkbox"/> LCD Portable DVD Players		

### Other Collection Activities

Intent to recover/collect CEWs from non-California sources:
<input type="checkbox"/> No, we will <u>not</u> accept CEWs from non-California sources, <b>or</b>
<input type="checkbox"/> Yes, we will accept CEWs from non-California sources.

### VIII. CEW Cost Free Collection Opportunities (attach additional pages as needed)

Location (If Applicable, Provide Address)	Types of Cost-Free Collection Opportunities	DTSC NOI Facility ID	Additional Information (e.g., Cost-Free Days and Hours of Operation)
	<input type="checkbox"/> Permanent Drop-off <input type="checkbox"/> Temporary Collection Event <input type="checkbox"/> Pick-up at Source/Curbside <input type="checkbox"/> Other: _____		<input type="checkbox"/> Cost-Free
	<input type="checkbox"/> Permanent Drop-off <input type="checkbox"/> Temporary Collection Event <input type="checkbox"/> Pick-up at Source/Curbside <input type="checkbox"/> Other: _____		<input type="checkbox"/> Cost-Free
	<input type="checkbox"/> Permanent Drop-off <input type="checkbox"/> Temporary Collection Event <input type="checkbox"/> Pick-up at Source/Curbside <input type="checkbox"/> Other: _____		<input type="checkbox"/> Cost-Free

### IX. Collector Certification Statements, Declaration, and Primary Signatory's Signature

"The undersigned collector agrees under penalty of immediate revocation of approval and denial of recovery payments, that as an approved collector:"

- "I shall make reasonable efforts to ensure that any CEWs for which payment is claimed originate from a California source."
- "I shall provide free CEW collection to California sources if the payments I receive from recyclers fully cover the net cost of collection, transportation, and charges paid to the recycler."
- "I shall operate in compliance with the requirements of this Chapter [14 CCR, Division 7, Chapter 8.2], the Act, and with all applicable local, state, and federal regulatory provisions."
- "I shall establish a cost-free CEW collection opportunity for California sources."
- "I have read and understand the requirements set forth in the statutes and regulations governing this program."

"The undersigned collector certifies under penalty of perjury under the laws of the State of California that the information provided herein is true and correct."

Primary Signatory's Printed Name:	
Location Where Signed (City/State):	Date Signed:
Primary Signatory's Signature:	

### X. CEW Recycling Program Contact Information

Mail the completed form with original signatures and any supporting documentation to the following address. As required in regulations, retain a copy for your records. To enable timely submissions, CalRecycle is able to receive interim submissions via e-mail or fax. Submissions received electronically cannot be finalized until the hardcopy with original signatures is received.

Department of Resources Recycling and Recovery (CalRecycle)  
Attention: CEW Recycling Program, Application Processing, MS #9  
1001 I Street  
Sacramento, CA 95814

You may reach CalRecycle staff via:

Phone: (916) 341-6269      Fax: (916) 319-7350      E-mail: [ewaste@calrecycle.ca.gov](mailto:ewaste@calrecycle.ca.gov)  
Website: [CEW Recycling Program](https://www.calrecycle.ca.gov/Electronics/CEW/) (https://www.calrecycle.ca.gov/Electronics/CEW/)