

Application for Approval: Recycler

This form is to be used by entities intending to participate in the CalRecycle Covered Electronic Waste (CEW) Recycling Program as only an approved recycler. If you intend to receive from the public, handlers, or other entities who are not approved collectors, you should apply as a Dual Entity using the CalRecycle 186D form. 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 Directory of Approved Collectors and Recyclers of CEW to facilitate CEW transactions between participants within the context of the CEW Recycling Program (https://www2.calrecycle.ca.gov/Electronics/cew/participantsDirectory). CalRecycle hosts another directory for the general public, Where Do I Recycle E-Waste?, in which your organization may choose to be displayed or not (https://www2.calrecycle.ca.gov/Electronics/eRecycle/). Please indicate your preference:</p> <input type="checkbox"/> Yes, display us on the general public-focused directory, or <input type="checkbox"/> No, do <u>not</u> display us on the general public-focused directory.	

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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"/> Authorizing resolution from governing body

V. Authorized Personnel

1-Name:	Signature is required in Section XI
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"/> Payment Claims <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"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
4-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
5-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
6-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
7-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
8-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
9-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <input type="checkbox"/> Net Cost Report <input type="checkbox"/> Other Documents	
10-Name:	Signature:
E-mail:	Phone Number (ext):
<input type="checkbox"/> Payment Claims <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. 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 noted on the first page of this application.

VII. Recycler DTSC Requirements and CDFA Weighmaster Requirements

Per DTSC regulations, a Universal Waste Handler who intends to treat must notify DTSC of their intent and report on those activities annually (Chapter 23 of Title 22 of 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. 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.

Recyclers must also be licensed Weighmasters prior to approval in our program. Visit the [California Department of Food and Agriculture's \(CDFA\) Division of Measurement Standards Weighmaster E-Waste Program](https://www.cdfa.ca.gov/dms/programs/wm/WM_EWaste.html) (https://www.cdfa.ca.gov/dms/programs/wm/WM_EWaste.html) for more information.

DTSC and CDFA Information

Dates	Requirements
NOI Date: _____	<input type="checkbox"/> The recycler notified DTSC 30 days prior to treatment. <input type="checkbox"/> Copy of signed "Recycler Notice of Intent (NOI) Certification Page" submitted to DTSC attached.
Inspection Date (or date of request): _____	<input type="checkbox"/> Copy of inspection report provided by DTSC dated within the past 12 months attached; or <input type="checkbox"/> Copy of request for inspection sent to DTSC attached. (CalRecycle will review the remainder of the application and withhold approval until the DTSC inspection is completed. Applicant must notify CalRecycle once the inspection has been conducted.)
License Date: _____	<input type="checkbox"/> Copy of Weighmaster license issued by CDFA's Division of Measurement Standards attached. (CDFA Weighmaster license number: _____)

Certification Requirements

To satisfy the requirements in 14 CCR Section 18660.13(a)(3), initial below to indicate the facility meets all the following standards.

Initial	Initials on each line indicate you certify the following requirements are met.
_____	The recycler is in compliance with DTSC's minimum standards for managing hazardous and universal waste set forth in Chapters 12, 14, 15, 16, 20, 22, and 23 of Division 4.5 of Title 22 of the California Code of Regulations.

Initial	Initials on each line indicate you certify the following requirements are met.
_____	The facility is accessible during normal business hours for unannounced inspections by state or local agencies.
_____	The facility has, and certifies, compliance with a health and safety plan.
_____	The facility has, and certifies, compliance with an employee training plan.
_____	The facility has, and certifies, compliance with an environmental compliance plan.
_____	The facility meets or exceeds the standards specified in Chapter 1 (commencing with Section 1171) of Part 4 of Division 2, Division 4 (commencing with Section 3200), and Division 5 (commencing with Section 6300) of the Labor Code.

VIII. Recycling Activities

CEW Recycling Methods (14 CCR Section 18660.32(c)) used (or intended to be used) (check all that apply):

<input type="checkbox"/>	CRT or CRT-containing CEW cancellation through dismantling to a bare CRT after relieving the vacuum.
<input type="checkbox"/>	Non-CRT-containing CEW cancellation through dismantling to a bare panel.
<input type="checkbox"/>	Alternative cancellation method approved by CalRecycle per 14 CCR Section 18660.32, and indicate the date approved: _____

Type(s) of CEWs that may be cancelled (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 Recycling Activities

Intent to process/recycle CEWs from non-California sources:	
<input type="checkbox"/>	No, we will <u>not</u> process CEWs from non-California Sources, or
<input type="checkbox"/>	Yes, we will process CEWs from non-California Sources.
If yes, percentage of cancelled CEWs expected to originate from outside of California: ____%.	

IX. Collector Transactions

A recycler not applying as dual entity (both as an approved collector and approved recycler) must provide information for at least one approved collector from which the recycler has accepted, has contracted to accept, or intends to contract to accept CEWs for cancellation.

Collector Name:		CEWID:
Physical Address:		
City:	Zip:	County:
Contact Name:	Phone Number (ext):	
<input type="checkbox"/> Letter from an approved collector certifying under penalty of perjury the collector intends to transfer California CEWs to the recycler attached.		

X. Payee Data Record

A completed Payee Data Record (STD 204) is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. The Payee Data Record is also used to prepare information returns (Form 1099). This form is required as part of a recycler's application for approval to participate in the CEW Recycling Program.

[Payee Data Record \(STD 204\)](http://www.calrecycle.ca.gov/Electronics/Recovery/Application/) (www.calrecycle.ca.gov/Electronics/Recovery/Application/) with original signature attached.

XI. Recycler Certification Statements, Declaration, and Primary Signatory's Signature

"The undersigned recycler agrees under penalty of perjury and of immediate revocation of approval and denial of recycling payments, that as an approved recycler:"

- "I shall fully reimburse an approved collector for all CEWs transferred at the rate specified in this Chapter (14 CCR Section 18660.33) within 90 days."
- "Notwithstanding the allowances contained in Section 18660.6(d) of this Chapter, I shall not adjust fees, charges, or other contract provisions upward for the purpose of negating the recovery payment to approved collectors."
- "I shall provide free CEW recycling by accepting without charge CEWs from approved collectors if the payment from CalRecycle fully covers the net cost of the CEW recycling."
- "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 have read and understand the requirements set forth in the statutes and regulations governing this program."

"The undersigned 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:	

XII. 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
Website: [CEW Recycling Program](https://www.calrecycle.ca.gov/Electronics/CEW/) (https://www.calrecycle.ca.gov/Electronics/CEW/)