Authorized Signatory Update

This form is to be used by approved participants (collector, recycler, or dual entity) in the CalRecycle Covered Electronic Waste (CEW) Recycling Program when notifying CalRecycle of **changes to authorized signatories shown on previously approved applications. If a change is made to the Primary Signatory, a complete CalRecycle 186C, 186R, or 186D application form will be required** to encompass the acknowledgment of the certification statements (Title 14, California Code of Regulations Section 18660.18).

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. Participant Organization Name (as indicated on the last approved application)

Name:	CEWID:

II. Confirmation of Authorized Personnel Changes Only

_____	Initialing to the left confirms the only changes to the approved application are the authorized personnel changes noted below and the remaining information contained on the previously approved application remains true and correct. If other changes are necessary, you must complete and submit a CalRecycle 186C, 186R, or 186D application form.

III. Authorized Personnel ("Payment Claims" only applies to recyclers/dual entities)

1-Name:	Signature is required in Section V
E-mail:	Phone Number (ext):
☐ Primary Signatory (may sign all documents) ☐ Main Contact	
2-Name:	Signature:
E-mail:	Phone Number (ext):
☐ Main Contact ☐ Payment Claims ☐ Net Cost Report ☐ Other Documents (check Main Contact if Primary Signatory above is not checked as Main Contact)	
3-Name:	Signature:
E-mail:	Phone Number (ext):
☐ Payment Claims ☐ Net Cost Report ☐ Other Documents	
4-Name:	Signature:
E-mail:	Phone Number (ext):
☐ Payment Claims ☐ Net Cost Report ☐ Other Documents	

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Received by:	Date Postmarked (Stamp)	Date Received (Stamp)
☐ Mail		
☐ E-mail		

5-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents
6-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents
7-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents
8-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents
9-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents
10-Name:	Signature:	
E-mail:	Phone Number (ext):	
☐ Payment Claims	☐ Net Cost Report	☐ Other Documents

IV. Primary Signatory's Declaration and Signature

"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:	

V. CEW Recycling Program Contact Information

Mail the completed form with original signatures 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