

### 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. Digital signatures may be provided. 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 IV |
| E-mail:   | Phone Number (ext):                 |
| <input checked="" type="checkbox"/> Primary Signatory (may sign all documents)<br><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<br>(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   |                                     |

#### FOR CALRECYCLE USE ONLY

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

|   |   |
|---|---|
| 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 |

**IV. Primary Signatory's Certification 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**

Electronic submission of the completed form with signatures and any supporting documentation is preferred and should be emailed to [ewasteapplications@calrecycle.ca.gov](mailto:ewasteapplications@calrecycle.ca.gov). If necessary, you may submit as a hardcopy to the address shown below. Submissions received electronically do not require the submission of a hardcopy. As required in regulations, retain a copy for your records.

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

You may contact CalRecycle staff via:

Phone: (916) 341-6269 E-mail: [ewasteapplications@calrecycle.ca.gov](mailto:ewasteapplications@calrecycle.ca.gov)