

Plastic Trash Bag Wholesaler Certification

Reporting Period: January 1 through December 31, _____

California law requires you to certify by March 1 of each year for the regulated plastic trash bags sold in California.

Instructions

1. Please type or print legibly in ink. Use "N/A" for items which are not applicable.
2. If you did not sell any plastic trash bags in California during the reporting period, mark item 9, sign and return the form.
3. If all the trash bags you sold in California during the reporting period were non-regulated trash bags, mark items 10 and 11, sign and return the form.
4. Please provide as full and complete company names and addresses as is possible.

Return the completed and signed form to:	(916) 219-7694 FAX, E-mail- Plasticbag@ciwmb.ca.gov	Email: plasticbag@calrecycle.ca.gov Fax: (916) 319-7694
Alternative mailing address:	Plastic Recycling Technologies, MS 12 California Integrated Waste Management Board P.O. Box 4025 Sacramento, CA 95812-4025	Department of Resources Recycling and Recovery (CalRecycle) Attn: Plastic Trash Bag Certification Program P.O. Box 4025, MS 10-17-A Sacramento, CA 95812-4025

Section A - Wholesale

Please provide your company information below.

(1) Company name	(2) Date	(3) Contact Person	(3a) E-Mail Address (Optional)
(4) Phone number ()	(5) Mailing address of contact person	(6) City	(7) State (8) ZIP code

(9) The company did not sell any plastic trash bags in California during the reporting period.

(10) All the trash bags sold in California were non-regulated plastic trash bags

(11) Circle each type of trash bag you sold in California during the reporting period:

- 1) Non-plastic bags 2) Medical waste bags 3) Hazardous waste bags 4) Less than 0.70 mil in thickness 5) Adhesive, heat-affixed strap bags

Section B - Shipping Locations

Please provide your company information below.

(12a) Company name	(13a) Contact person	(14a) Phone ()	(18a) ZIP
(15a) Street	(16a) City	(17a) State	(18a) ZIP
(19a) Tons of regulated trash bags shipped	(20a) Number of regulated trash bag shipped		
(12b) Company name	(13b) Contact person	(14b) Phone ()	(18b) ZIP
(15b) Street	(16b) City	(17b) State	(18b) ZIP
(19b) Tons of regulated trash bags shipped	(20b) Number of regulated trash bag shipped		
(12c) Company name	(13c) Contact person	(14c) Phone ()	(18c) ZIP
(15c) Street	(16c) City	(17c) State	(18c) ZIP
(19c) Tons of regulated trash bags shipped	(20c) Number of regulated trash bag shipped		

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Section C - Supplier Information

List each "manufacturer or wholesaler" from whom you purchased regulated trash bags.

(21a) Company name	(22a) Contact person	(23a) Phone ()	(27a) ZIP
(24a) Street	(25a) City	(26a) State	(27a) ZIP
(21b) Company name	(22b) Contact person	(23b) Phone ()	(27b) ZIP
(24b) Street	(25b) City	(26b) State	(27b) ZIP
(21c) Company name	(22c) Contact person	(23c) Phone ()	(27c) ZIP
(24c) Street	(25c) City	(26c) State	(27c) ZIP
(21d) Company name	(22d) Contact person	(23d) Phone ()	(27d) ZIP
(24d) Street	(25d) City	(26d) State	(27d) ZIP
(21e) Company name	(22e) Contact person	(23e) Phone ()	(27e) ZIP
(24e) Street	(25e) City	(26e) State	(27e) ZIP

Section D - Certification Instructions

Only the following persons are authorized to sign this form.

- * Corporation: By a responsible corporate officer or manager authorized to make management decisions which govern the operation of reporting facility.
- * Partnership or sole proprietorship: The general partner or proprietor.
- * Government agency: By either the principal executive officer or a designated elected official who is authorized to obligate the entity for purposes of this certification.

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision, that to the best of my knowledge and belief, the information provided is true, accurate, and complete.

I am aware that there are significant penalties for submitting false or misleading information in this certification, including the possibility of fine or imprisonment, or both for violations.

Signature of individual authorized to sign

Title of authorized individual

Typed or printed name of authorized individual

Date

Phone number

Official Use Only

Received by: _____

Date:

Reviewed by: _____

Date:

Entered by: _____

Date: