Rural Exemption Application

CalRecycle is providing this form as a convenience to assist jurisdictions in applying for a rural exemption under 14 CCR 18984.12(c). Use of this form is optional and not a regulatory requirement.

A rural jurisdiction may apply to CalRecycle for an exemption from complying with the organic waste collection requirements within Article 3 in 14 CCR 18984 through 18984.14.

To qualify for a rural exemption the following requirements must be met:

- The jurisdiction must meet the definition of a "rural jurisdiction" as defined in PRC § 42649.8.
- The jurisdiction's governing body is to adopt a resolution that includes a finding as to the purpose of and need for the exemption.

CalRecycle approved exemptions are only valid until December 31, 2026, or until five years after CalRecycle makes a determination that the statewide disposal of organic waste has not been reduced to 50 percent of the level of disposal during the 2014 calendar, whichever is later. An approved waiver does not waive a jurisdiction from its obligation to comply with the other requirements of the SB 1383 regulations including, but not limited to, promoting and providing information to generators about waste prevention, community composting, managing organic waste on-site, and other means of recovering organic waste.

Please clearly print or type your responses. Attach additional pages as necessary.

Jurisdiction Name:	County:
Person Completing the Application	
First Name:	Last Name:
Title:	
Mailing Address:	
City:	
Zip Code:	
E-mail Address:	
Phone Number:	

1. Do you meet the definition of a "rural jurisdiction" as defined in PRC §42649.8?	Yes ☐	No ☐
2. Has the governing body of the jurisdiction adopted a resolution that includes a finding as to the purpose of and need for the rural exemption?	Yes ☐	No ☐

Please attach the resolution that includes a finding as to the purpose of and need for the rural exemption.

I hereby certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

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Signature	Printed Name	Title	Date