

Rigid Plastic Packaging Container (RPPC) Program - Container Manufacturer Compliance Certification

*Certification Measurement Period (Year): (January 1 - December 31)

Container Manufacturers must provide information to Product Manufacturer (when CalRecycle has selected the Product Manufacturer to certify compliance).

At a minimum, provide the information below and on the datasheet(s) as required per: [Title 14 California Code of Regulations \(14CCR\) Section 17945.4](#).

This model template is designed to help Container Manufacturers provide the required information to Product Manufacturers. Its use is not mandated. The Container Manufacturer may use its own format. You may also provide supporting documentation, such as container specification sheets.

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INSTRUCTIONS:

1. Please complete, print, and sign this cover page (sheet #1)
2. Scan and save this signed cover page as an image (e.g., .jpg, .png, etc.)
3. On the sheet labeled "Paste image of Sheet A-C" (sheet #2) select Insert > Pictures and paste your image to that sheet
4. Complete either sheet "D(i). Postconsumer Data" or "D(ii). Source Reduction Data" based on the compliance option the Product Manufacturer has chosen
5. Only complete sheet "E. PCM Documentation" if you entered "Yes" in the last column on sheet "D(i). Postconsumer Data"
6. See the last tab in this template regarding the requirements per the regulations

A. Container Manufacturer Company Contact Information (see regulatory section): [\(14CCR §17945.4\(a\)\(1\)\)](#) **集装箱制造商联系信息**

Provide contact information for the Container Manufacturer.

***Required**

| | | | | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|------------------|----------|--|
| *Name of Container Manufacturer (and DBA) 集装箱制造商名字 | | *Web Address (if available) | | | |
| *Mailing Address 联系地址 | *City | *State | *Zip/Postal Code | *Country | |
| Physical Address <input type="checkbox"/> Same as mailing address | City | State | Zip/Postal Code | Country | |
| *Primary Contact 主要联系人 (负责提供所需的信息) (Responsible for supplying the required information) | *Title 职称 | *Phone Number 电话 | *Email 电子邮件 | | |
| Secondary Contact | Title | Phone Number | Email | | |
| <input type="checkbox"/> | Is Your Company a Subsidiary? (Y/N) Name of Parent Company: | | | | |

B. Product Manufacturer Contact Information* (see regulatory section): [\(14CCR §17945.4\(a\)\(2\)\)](#) **产品制造商联系信息**

Provide contact information for the Product Manufacturer (in the United States) who is requesting this certification from the container manufacturer.

| | | | | | |
|--------------------------------------------------------------|-----------|------------------|-------------|----------|--|
| *Name of Product Manufacturer (in the United States) 产品制造商名字 | | | | | |
| *Mailing Address 联系地址 | *City | *State | *Zip | *Country | |
| *Primary Contact Pers 联系人姓名 | *Title 职称 | *Phone Number 电话 | *Email 电子邮件 | | |

C. Container Manufacturer Signature of Authorized Person* (see regulatory section): [\(14CCR §17945.4\(b\)\)](#) **公司负责人签名**

If the Container Manufacturer is a corporation, the certification must be signed under penalty of perjury by the president or other head of the corporation, a vice president, a secretary or assistant secretary, a treasurer or assistant treasurer, a general manager, or other such person authorized by the corporation to accept service of process. If the Container Manufacturer is a partnership or sole proprietorship, the certification must be signed by a general partner or the sole proprietor. The certification shall include the following statement, the title of the signatory and the date of signature. (负责人必须能签收司法文书)

"I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge and belief the foregoing information and all supporting data provided is accurate, true and complete."
 根据加利福尼亚州伪证罪法律, 我确认根据我的知识和信念, 上述信息和提供的所有支持数据均为准确, 真实和完整。

| | | |
|-----------------------------------------------------------|----------------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Signature (you may also print and sign by hand) 负责人签名 | *Title of Signatory 负责人的职位 | *Date of Signature 签名日期 |
| <input type="text"/> | <input type="text"/> | |
| Typed or Printed Name of Signatory 负责人名字 | Phone Number 负责人电话 | |