



(Office Use Only) DOR Received Date:

## Request for Alternative Schedule

*An Application for Alternative Schedule must be submitted for each certification number.*

**Certification Number:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

☐ **Request for Type 1:** Small or Family-Owned Business

This schedule allows non-rural recycling centers to operate between 10 and 29 hours per week.

**If your recycling center is otherwise eligible for Handling Fees, operating for less than 30 hours per week may result in the loss of Handling Fee payments.**

Check any of the following qualifications that apply to your request:

☐ Small Business, number of employees: \_\_\_\_\_ ☐ Family Owned

☐ **Request for Type 2:** Natural Disaster or State of Emergency

This allows the recycling center to operate any number of hours, including ceasing operations entirely, due to operational challenges resulting from a natural disaster or state of emergency.

Check any of the following qualifications that apply to your request:

☐ Natural Disaster ☐ State of Emergency

Effective Dates: \_\_\_\_\_  
(begin)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(end)

*State the operational challenges experienced as a result of the natural disaster or state of emergency.*

*State why the alternative schedule is necessary to further the goals of the Act and this chapter and how the alternative schedule will not significantly decrease the ability of consumers to conveniently return beverage containers.*

*State any consequences of being denied.*

*If alternative schedule is due to a Natural Disaster or State of Emergency, will you be open during any hours while the situation exists?* ☐ Yes ☐ No  
*Attach documentation of official warning, declaration, or event.*

**For both Type 1 and Type 2 requests, indicate the times your center will open, close, and break for lunch each day.**

<b>Note:</b>	<b>Closed?</b>	<b>Business Hours</b>		<b>Hours Closed for Lunch</b>	
		<u>Open</u>	<u>Close</u>	<u>Open</u>	<u>Close</u>
Circle am or pm					
<b>Sunday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Monday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Tuesday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Wednesday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Thursday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Friday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm
<b>Saturday</b>	<input type="checkbox"/>	am/pm	am/pm	am/pm	am/pm

*You may only change your hours once you receive the approval letter from the Division unless basis for request is a Natural Disaster or State of Emergency. The approval letter will be emailed to the email address below.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email address

*This must be signed by a responsible party.*

**Please email the completed form to [DORCertFileRoom@CalRecycle.ca.gov](mailto:DORCertFileRoom@CalRecycle.ca.gov)**

*See next page for instructions.*

# Instructions for Requesting an Alternative Schedule

**Certification Number:** Include your certification RC number.

**Facility Name:** Include the name of your recycling center.

**Facility Address:** Include your facility address - street, city, and zip code.

**Hours Table:** Indicate hours for each day of the week. If lunch hours are left blank, you will be expected to be open all indicated hours.

**Qualifications of your request:** Check which of the boxes your recycling center qualifies under. This may be left blank if none of these reasons apply to your recycling center.

- Small Business means an organization that has five or fewer employees.
- Family Owned means an organization owned by two or more members of the same family and with more than 50 percent of the employees of the business being members of the same family.
- State of emergency means a natural or manmade disaster or emergency for which a state of emergency has been declared by the President of the United States or the Governor or for which a state of emergency has been declared by a municipal emergency management coordinator. The conditions of disaster or of extreme peril to the safety of persons and property within the state are caused by such conditions as air pollution, fire, extreme heat, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, earthquake, volcanic eruption, or other conditions, which, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city.

**Signature:** This document must be signed by a responsible party for the business such as owner, partner, corporate officer, managing member, etc.

**If you cannot email the form, you may mail the completed form to:**

CalRecycle / Certification Unit  
1001 I Street, MS 9A  
Sacramento, CA 95814

For any questions regarding this form, please contact the Certification unit at (916) 324-8598 or [DORCertFileRoom@calrecycle.ca.gov](mailto:DORCertFileRoom@calrecycle.ca.gov).