



State of California
CalRecycle 901 (Rev. 01/2025)

Department of Resources Recycling and Recovery
DOR/Certification

DECERTIFICATION REQUEST

Dear Certification Staff:

This letter is to notify the Department of Resources Recycling and Recovery (CalRecycle), Division of Recycling that I/we wish to decertify my/our recycling facility or program.

The certification number: _____

The name and address of the program are: _____ **Program/Facility Name**

_____ **Program/Facility Address**

_____ **Program/Facility Address**

Please decertify my certification as of the following date: _____
This is the last date of operations.

(Must provide request at least 10 days in advance)

Reason for decertification: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. (The signatures of ALL responsible parties are required if your type of organization is "spouse" or partnership. Attach additional pages as necessary.)

Signature

Signature

Printed Name

Printed Name

Date

Date

Email this notice to: DORCertFileRoom@CalRecycle.ca.gov

Or mail it to: CalRecycle, Certification Unit
1001 I Street, MS 9A, Sacramento, CA 95814