

Section 1: Request

☐ New ☐ Reactivation ☐ Deactivation ☐ Modification of Email Address

Section 2: Authorized User Information

Employee Last Name: _____ Employee First Name: _____
Dealer Cooperative Name: _____
Employee Email: (must be unique for each employee): _____
DC# (required to retrieve dealer cooperative records): _____
Phone Number: _____

Section 3: Access

Portal access will be granted to dealer cooperatives to submit handling fee claims under the “Handling Fees” responsibility.

Section 4: Declaration and Signatures

Authorized User:

- By signing and submitting this form, I certify that I have read, understand and accept the DORIIS Access Terms and Conditions of Use (<https://www.calrecycle.ca.gov/Help/SiteInfo/>).

Signature of Authorized User: _____ Date: _____
Printed Name/Title of Authorized User: _____

Responsible Party:

- By signing and submitting this form, I certify that I have read, understand and accept the DORIIS Access Terms and Conditions of Use (<https://www.calrecycle.ca.gov/Help/SiteInfo/>).
- As responsible party, I authorize this person to access the web portal account of the above-named entity and acknowledge that I am responsible for all use of the DORIIS portal and electronic submission made by this person.

Signature of Responsible Party: _____
Email: _____ Phone Number: _____

General Instructions for completing the Portal Access Request Form:

- Please complete one form per employee the dealer cooperative is requesting to have access to the DORIIS website.
- A unique email address must be provided for each employee requesting access to the DORIIS website. Employees may not share email accounts.
- Form must be signed by both the Authorized User and the Responsible Party.
- Make and retain a copy for your records.
- Individuals may only have one active DORIIS user account.

Section 1: Request Type

- **New:** Check this box for entirely new accounts. This user has not had a DORIIS account before.
- **Reactivation:** Check this box to reactivate an account that has been deactivated.
- **Deactivation:** Check this box to remove access to DORIIS for this user.
- **Modification of Email Address:** Check this box to change the email address for an existing, active DORIIS account.

Section 2: Authorized User Information

- **Name:** Enter the last name and first name of the employee for whom the dealer cooperative is requesting access.
- **Email Address:** Enter the email address of the employee. This will become the employee's username. This email must be unique for each employee requesting access.
- **DC#:** Enter the department-assigned dealer cooperative registration number.

Section 4: Declaration and Signatures

- **Authorized User:** Signature, date of form completion, printed name, and working title of the employee for whom this Portal Access Request Form is being completed.
- **Responsible Party:** Signature, date of form completion, printed name, working title, email, and contact phone number of the individual responsible for overseeing the stewardship plan on behalf of the dealer cooperative pursuant to Title 14, California Code of Regulations section 2375.2(b), who is authorized by the registered dealer cooperative to sign this form.

For State Use Only:

DC#: _____ Responsible Party Verified: _____

Person Reg ID: _____ Linked to Organizations: _____