

**Application for Approval: Covered Electronic Waste Collector**

Entities seeking to participate in California's Covered Electronic Waste (CEW) Recycling Program (Program) as approved CEW collectors must submit this application form pursuant to Title 14 California Code of Regulations (CCR) sections 18660.11 and 18660.12. Applicants must comply with the applicable Title 22 CCR sections enforced by the Department of Toxic Substances Control (DTSC) in Section VI, below, prior to approval.

This form is best viewed and completed using a portable document format (PDF) reader. Complete the form fields and signature block below using the fillable PDF features or print and sign legibly in permanent ink. Complete, signed application forms and any supporting documentation must be emailed to [ewasteapplications@calrecycle.ca.gov](mailto:ewasteapplications@calrecycle.ca.gov). Beginning April 1, 2026, applications and any supporting documentation shall be submitted to CalRecycle using its designated electronic information submittal system, pursuant to 14 CCR section 18660.7(e).

CalRecycle will review applications pursuant to the requirements set forth in 14 CCR section 18660.15. Approval terms are specified in 14 CCR section 18660.16. Approved collectors seeking to submit changes to information contained in an approved application shall comply with the requirements set forth in 14 CCR section 18660.18. Participants must comply with the requirements in 14 CCR section 18660.20 once the application has been approved.

**I. Applicant Information**

|                                                                                                 |                                                                                            |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Organization Name: _____                                                                        |                                                                                            |
| <input type="checkbox"/> New Applicant <u>or</u>                                                |                                                                                            |
| <input type="checkbox"/> Application from previously approved participant (CEWID number: _____) |                                                                                            |
| Check appropriate box:                                                                          | <input type="checkbox"/> Information update prior to renewal (see 14 CCR section 18660.18) |
|                                                                                                 | <input type="checkbox"/> Biennial Renewal (due every two years)                            |
|                                                                                                 | <input type="checkbox"/> Reapply (after expiration/denial/revocation)                      |

**II. Organization Details**

| Type                                                                                         | Indicate Required Documentation Attached to Application                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual Doing or Proposing to Do Business Under a Different Name | <input type="checkbox"/> A copy of any fictitious business name statement being used                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Partnership                                                         | <input type="checkbox"/> Current partnership agreement<br><input type="checkbox"/> A copy of any fictitious business name statement being used                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> California Corporation                                              | <input type="checkbox"/> Corporate number assigned by the California Secretary of State (SoS)<br><input type="checkbox"/> Articles of Incorporation as filed with the SoS<br><input type="checkbox"/> Name and position of all current corporate officers and directors as filed with the SoS<br><input type="checkbox"/> A copy of any fictitious business name statement being used<br><input type="checkbox"/> Agent for service of process as filed with the SoS |
| <input type="checkbox"/> Corporation from a State Other Than California                      | <input type="checkbox"/> Approved certificate from the SoS qualifying and authorizing the corporation to transact business in California                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Co-ownership                                                        | <input type="checkbox"/> A copy of any fictitious business name statement being used<br><input type="checkbox"/> Provide all owner names: _____                                                                                                                                                                                                                                                                                                                      |

| Type                                                                                        | Indicate Required Documentation Attached to Application                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Local Government Agency                                            | No required documentation required for collector applications.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> California Limited Liability Company (LLC)                         | <input type="checkbox"/> Articles of Organization as filed with the SoS<br><input type="checkbox"/> Statement of Information as filed with the SoS<br><input type="checkbox"/> The name of the current managing member(s)<br><input type="checkbox"/> The name of the current managing member(s) and any operating agreement in effect<br><input type="checkbox"/> Agent for service of process as filed with the SoS<br><input type="checkbox"/> A copy of any fictitious business name statement being used |
| <input type="checkbox"/> Limited Liability Company from a State Other than California (LLC) | <input type="checkbox"/> Certificate from the SoS authorizing the LLC to transact business in California                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Non-profit or Charity                                              | <input type="checkbox"/> Description of Organization<br><input type="checkbox"/> A copy of the appropriate designation documentation, which may include information from the Federal Internal Revenue Service or the State of California Franchise Tax Board confirming tax exempt status                                                                                                                                                                                                                     |

### III. Addresses

| Type                | Address | City | State | Zip |
|---------------------|---------|------|-------|-----|
| Physical Location   |         |      |       |     |
| Mailing             |         |      |       |     |
| Operational Records |         |      |       |     |

### IV. Website, Phone Number, and Public Directory

Website: \_\_\_\_\_ Main Phone Number: \_\_\_\_\_

All approved Program participants are listed in the [Directory of Approved Collectors and Recyclers of CEW](#) to facilitate CEW transactions. CalRecycle hosts another directory for the general public to [locate e-waste drop-off locations](#).

Please indicate your preference for inclusion in the public directory:

☐ Yes, include us in the public directory, **or**

☐ No, do not include us in the public directory.

## V. Authorized Signatories

Authorized Signatory means the person(s) who has authority to legally bind a person, collector, recycler, dual entity, local government, or manufacturer to a contract, pursuant to 14 CCR section 18660.5(a)(5). After each entry below, indicate what documents that contact is authorized to sign, as applicable. Attach additional sheets if necessary. At least one Authorized Signatory must be designated as the main contact to communicate with CalRecycle, pursuant to 14 CCR section 18660.11(b)(4).

|                                                                                                                                           |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>1-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>2-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>3-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>4-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>5-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>6-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>7-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |
| <b>8-Name:</b>                                                                                                                            | <input type="checkbox"/> Main Contact |
| E-mail address:                                                                                                                           | Phone Number:                         |
| Authorized to sign: <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence |                                       |

VI. DTSC Notification of Intent (NOI) Requirements

Universal waste handlers must notify DTSC of their intent to handle electronic devices, including CEW, and report on those activities annually to be authorized to receive material. (See 22 CCR, Chapter 23). Information on notifications may be viewed on [DTSC’s Electronic Hazardous Waste webpage](#). DTSC may be contacted for assistance at [electronicwaste@dtsc.ca.gov](mailto:electronicwaste@dtsc.ca.gov). Compliance with all applicable DTSC regulations is the sole responsibility of the applicant. Failure to comply with DTSC requirements will result in application denial.

Business Name\*: \_\_\_\_\_

Notice of Intent (NOI) Date: \_\_\_\_\_

\*Provide business name as it appears in the DTSC NOI.

VII. Collection Activities

Type(s) of California sources from which CEW will be recovered (check all that apply)

☐ Households ☐ Businesses ☐ Other Collectors ☐ Other (specify): \_\_\_\_\_

Type(s) of CEW that may be recovered (check all that apply)

☐ Cathode ray tube (CRT)-Containing CEW.

☐ Non-CRT-Containing CEW.

☐ Battery-embedded product CEW and anticipated recovery start date: \_\_\_\_\_

[Note that battery-embedded CEW is not eligible for recovery payments unless it is collected after January 1, 2026, pursuant to PRC section 42478(b)(2)]

Other Collection Activities

Intent to recover/collect/accept CEW from non-California sources:

☐ No, we will not recover/collect/accept CEW from non-California sources, **or**

☐ Yes, we will recover/collect/accept CEW from non-California sources.

VIII. CEW Cost-Free Collection Opportunities

Entities seeking to participate in the Program as approved CEW collectors must establish at least one cost-free and convenient opportunity to recycle CEW, pursuant to PRC section 42476(f)(3). Attach additional sheets if necessary.

| Location<br>(If applicable,<br>provide address) | Types of Cost-Free Collection<br>Opportunities                                                                                                                                               | Additional Information<br>(e.g., Cost-Free Days and Hours<br>of Operation) |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                 | <input type="checkbox"/> Permanent Drop-off<br><input type="checkbox"/> Temporary Collection Event<br><input type="checkbox"/> Pick-up at Source/Curbside<br><input type="checkbox"/> Other: | Cost-Free Days:<br><br>Hours of Operation:                                 |
|                                                 | <input type="checkbox"/> Permanent Drop-off<br><input type="checkbox"/> Temporary Collection Event<br><input type="checkbox"/> Pick-up at Source/Curbside<br><input type="checkbox"/> Other: | Cost-Free Days:<br><br>Hours of Operation:                                 |

**IX. Collector Certification Statements and Authorized Signatory’s Signature**

The undersigned collector agrees under penalty of immediate revocation of approval and denial of recovery payments that as an approved collector:

- I shall make reasonable efforts to ensure that any CEWs for which payment is claimed originate from a California source.
- I shall provide free CEW collection to California sources if the payments I receive from recyclers fully cover the net cost of collection, transportation and charges paid to the recycler.
- I shall operate in compliance with the requirements of this Chapter [14 CCR, Division 7, Chapter 8.2], the Act [PRC sections 42460 through 42486], and with all applicable local, state, and federal regulatory provisions.
- I shall establish a cost-free CEW collection opportunity for California sources.
- I have read and understand the requirements set forth in the statutes and regulations governing this program.

The undersigned collector certifies under penalty of perjury under the laws of the State of California that the information provided herein is true and correct and that the undersigned has the authority to legally bind the collector to the terms and requirements of the application.

|                                      |
|--------------------------------------|
| Authorized Signatory’s Printed Name: |
| Authorized Signatory’s Signature:    |
| Date Signed:                         |
| Location of Application:             |

**Program Contact Information**

Questions regarding Program applications may be directed to CalRecycle staff:

Email: [ewasteapplications@calrecycle.ca.gov](mailto:ewasteapplications@calrecycle.ca.gov)  
Phone: (916) 341-6269

Additional information is available on CalRecycle’s [CEW Recycling Program webpage](#).