

## Authorized Signatory Update

This form may be used by approved participants (collector, recycler, or dual entity) in the CalRecycle Covered Electronic Waste (CEW) Recycling Program when notifying CalRecycle of changes to authorized signatories shown on previously approved applications. If a change is made to the **signatory who signed the certification statements** on the previously approved CalRecycle 186C, 186R, or 186D, then an updated application form **will be required** to encompass the acknowledgment of the certification statements (Title 14, California Code of Regulations Section 18660.18).

Complete the fields below using the fillable PDF feature or print legibly in permanent ink. Digital signature may be provided. Void errors only by marking a single line through the error.

### I. Participant Organization Name (as indicated on the last approved application)

Organization Name: \_\_\_\_\_  
CEWID: \_\_\_\_\_

### II. Confirmation of Authorized Signatory Changes Only

\_\_\_\_\_ Initialing to the left confirms the only changes to the approved application are the authorized signatory changes noted below and the remaining information contained on the previously approved application remains true and correct. If other changes are necessary, you must complete and submit a CalRecycle 186C, 186R, or 186D application form.

### III. 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. 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). \**Payment Claims* only applies to recyclers/dual entities

1-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	
2-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	
3-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	

4-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	
5-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	
6-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	
7-Name:	<input type="checkbox"/> Main Contact
E-mail Address:	Phone Number:
<input type="checkbox"/> Payment Claims* <input type="checkbox"/> Net Cost Reports <input type="checkbox"/> Other payment related documents and correspondence	

#### IV. Authorized Signatory's Declaration and Signature

"The undersigned 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:
Location of Application:
Date Signed:

Electronic submission of the completed form with the authorized signatory's signature and any supporting documentation should be emailed to [ewasteapplications@calrecycle.ca.gov](mailto:ewasteapplications@calrecycle.ca.gov). As required in regulations, retain a copy for your records.

#### Program Contact Information

Questions 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](#).