



# Recycler/Processor Web Portal Access Request Form (CalRecycle 769) (Rev. 05/2026)

## Section 1: Request

New       Reactivation       Deactivation       Modification of Email Address

## Section 2: Authorized User Information

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Employee Email (must be unique for each employee) \_\_\_\_\_  
RC/PR # (required to retrieve the operator record associated with this request): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Section 3: Access

Portal access will be granted for ALL certification numbers operated by your company. Your business will be granted DORIIS responsibilities based on the types of certifications your business operates. The following responsibilities will be made available:

### Recycling Center

Shipper                      Receiver  
Shipper-Daily Summary   Handling Fees

### Processor

Processor  
Receiver

## Section 4: Declaration and Signatures

- 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>).
- I declare under penalty of perjury under the laws of the State of California that all the information on this request form is true and correct.

### Authorized User:

Signed By: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

- 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.
- I declare under penalty of perjury under the laws of the State of California that all the information on this request form is true and correct, that I represent the above-named entity and I am duly authorized to sign this request.

### Responsible Party:

Signed By: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mail Completed Form to:** Department of Resources Recycling and Recovery (CalRecycle), Division of Recycling Recycling Program Certification and Registration Branch, 1001 I Street, MS 9A, Sacramento, CA 95814-2828

### For State Use Only:

Site Reg ID: \_\_\_\_\_ Responsible Party Verified: \_\_\_\_\_  
Person Reg ID: \_\_\_\_\_ Linked to Organizations: \_\_\_\_\_  
Op Reg ID: \_\_\_\_\_ RC: \_\_\_\_\_ PR: \_\_\_\_\_

# Recycler/Processor Web Portal Access Request Form (CalRecycle 769) (Rev.08/24)

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## General Instructions for completing the Portal Access Request Form:

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- Please complete one form per employee you are 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

**Access requested will be allowed for ALL certification numbers (sites) associated with this operator.**

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## Section 1: Request Type

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- **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.
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## Section 2: Authorized User Information

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- **Name:** Enter the last name and first name of the employee for whom you are requesting access.
  - **Email Address:** Enter the email address of the employee. This will become their username. This email must be unique for each employee requesting access. Please write legibly.
  - **RC/PR#:** Enter the RC or PR number of the company. Enter only one number even if multiple Certification Numbers are operated by the same company - this is for operator record retrieval only.
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## Section 4: Declaration and Signatures

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- **Authorized User:** Signature, printed name and date of the employee for whom this Portal Access Request Form is being completed.
- **Responsible Party:** Signature, printed name, title, email and contact phone number of certificate holder, registrant, officer, director, managing employee, who is authorized by the certificate holder to sign this form.