



# Precertification Training & Exam Registration Request

**PRINT CLEARLY OR TYPE** (READ INSTRUCTIONS ON THE BACK BEFORE SUBMITTING)

## ATTENDEE PROFILE

Name: \_\_\_\_\_  
First Middle Last

Company Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address City Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: (required) \_\_\_\_\_  
Do you speak English: Yes  No  If no, language spoken: \_\_\_\_\_

## CLASS INFORMATION

**Location and date of the class you are requesting:**

Location \_\_\_\_\_ Date \_\_\_\_\_

**Reason for taking this class:**

New Certification If attending for a new certification, are you currently certified or have you been certified before? Yes  No  If Yes: RC/PR# \_\_\_\_\_

Renewal Certification Is your renewal date is within 6 months of your requested class date? Yes  No  If Yes: RC/PR# \_\_\_\_\_

Have you taken this class before? Yes  No  If yes enter date: \_\_\_\_\_

If you have taken the training in the last 6 months – are you requesting to take the test only? Yes  No

**Do you require reasonable accommodation?** Yes  No  If yes, what accommodation is required? \_\_\_\_\_

## DECLARATION:

**I declare, under penalty of perjury, under the laws of the State of California that the above information is true and correct, and by signing this declaration I acknowledge I have read and understand the additional information on the reverse side of this form.**

Executed at: \_\_\_\_\_ on \_\_\_\_\_  
City County State Month/Day/Year

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

CA Driver License /ID Number: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Required Must provide before entrance to training (this may be your social security number)\*

## ADDITIONAL INFORMATION

**You must bring your valid Driver License or Identification Card issued by the State of California or United States government photo identification. You will not be admitted to the class without proof of identification.**

**You must have a valid social security number or Federal Tax ID number and will be required to provide proof of that information for admittance to the class.**

No attendee substitutions will be made on the day of the class.

Your voucher is good for six (6) months from the date of your class. If you do not submit a new or renewal application within this timeframe, your voucher becomes invalid. You would then be required to attend another class and retake the exam in order to submit a new or renewal application.

Mail your completed and signed registration form:

**CalRecycle  
Recycler Education and Exam Unit  
801 K Street, MS 15-59  
Sacramento, CA 95814**

You may email a scanned copy to [RecyclerEducationAndExams@CalRecycle.ca.gov](mailto:RecyclerEducationAndExams@CalRecycle.ca.gov) or fax a copy to (916) 319-7401. Please use only one submission method. Once you have submitted your form via fax or email, do not send the original in the mail. Be certain to submit the copy with your signature. *We do not accept an electronic signature.*

Please notify the Recycler Education and Examination Unit via email, or by calling (916) 323-3008, if you are unable to attend the training on your confirmed training date.

### **WHO CAN BE AN APPLICATION VOUCHER HOLDER:**

Pursuant to Sections 14538(c)(1) and 14539(c)(1) of the Public Resources Code, new and renewal applicants for certification are required to take the precertification training and examination. "Applicant" means "the person(s) who has the authority to legally bind the operator to a contract." (California Code of Regulations, Title 14 § 2000(a)(3).) A voucher holder may be held accountable in a disciplinary action against an operator as a "responsible party," as defined by Section 14591.2(a) of the Public Resources Code.

<b><u>Organization Type*</u></b>	<b><u>Valid Voucher Holder</u></b>
Sole Proprietorship	Individual who signs the application.
Married Couple	Either spouse.
Partnership	At least one of the partners.
Limited Liability Company	Either a managing member, executive officer, or other designated member with the authority to legally bind the LLC to a contract.
Firm, Association, Corporation, County, City, Public Agency or other Governmental Entity	Chief Executive Officer or the individual with the authority to legally bind the entity to a contract.

\*California Code of Regulations Title 14, § 2045(b).