



Application for Curbside Registration

Mail to: CalRecycle • Division of Recycling • Curbside Section
801 K Street • MS 15-59 • Sacramento, CA 95814-3533
Questions? Call: (916) 323-3008

Instructions

- Print in Ink or Type.
- Submit a Separate Form for Each Curbside Program for Different Agencies
- Indicate N/A for items not Applicable.

Office Use Only

App. # _____ New
 Curbside ID# _____ Renewal
 Expiration _____

OPERATOR INFORMATION

1)

Contact Person _____
First Middle Last Title

Organization Name _____
Parent Company, If applicable Fictitious Business Name, If applicable

Business Address _____
Address City County State Zip Code

Mailing Address _____
Address City County State Zip Code

Telephone Number (____) _____ (____) _____
Fax

Type Of Organization

2) (Check one box)

- a. Individual:
- b. Partnership: General or Limited **Submit copy of current partnership agreement.**
- c. Corporation: **Number as filed with Secretary of State** _____
Submit articles of incorporation and list of current corporate officers.
 _____ Profit or _____ Nonprofit (Select one)
 _____ Domestic or _____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- d. Limited Liability Company: **Submit articles of organization, statement of information and operating agreement.**
 _____ Domestic or _____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- e. Husband and Wife Co-Ownership: **Name of Spouse** _____
- f. Local Government Agency: ____ City ____ County ____ City & County ____ Other **Submit governing board resolution authorizing this application.**
- g. Federal Agency: ____ Military Installation ____ National Park ____ Other ____ Federal Property **Submit governing board resolution authorizing this application.**
- h. Joint Power of Authority (JPA) **Submit governing board resolution authorizing this application.**
- i. Other: Specify _____

3) Submit a copy of the fictitious business name statement, if applicable

4) Federal ID # (Employer ID#) _____
Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.

AGENCY INFORMATION

5) Name of Responsible Public Agency (City/County/District) _____

What Community/Communities Served by this Program _____

Contact Person _____
First Middle Last Title

County _____ Public Agency Department _____

Business Address _____
Address City County State Zip Code

Mailing Address _____
Address City County State Zip Code

Telephone Number () _____
Fax

6) Initial Program Start Date _____

7) Is the operator of the curbside program **currently certified** by CalRecycle, Division of Recycling, in any category? Yes No
If YES, list all valid Certification Number(s) _____

8) **Provide a dated and signed copy of the current contract, franchise agreement or letter from the responsible public agency, administrative officer or designee.**

9) Expiration Date of current Acknowledgment or Agreement _____

10) **Provide a current map showing boundaries of the curbside program.**

PROGRAM INFORMATION

11) *Number of Households Served*
 _____ Single family residences _____ Multi-family (2-4 units) residences _____ Apartment (units) residences

12) *Do you also collect empty beverage containers directly from (Check all that apply)*
 Office buildings Industrial buildings Hotels, motels, bars, or restaurants Other businesses

13) *Frequency of Collection (Check all that apply)*

<i>Single Family</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
<i>Multi-Family</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
<i>Apartments</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly

Other (describe) _____

14) *Method of Collection (Check all that apply)*

<i>Single Family</i>	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard
<i>Multi-Family</i>	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard
<i>Apartments</i>	<input type="checkbox"/> At Curb Manual	<input type="checkbox"/> At Curb Semi-Automated	<input type="checkbox"/> At Curb Automated	<input type="checkbox"/> Backyard

Other (describe) _____

PROGRAM INFORMATION *(Continued)*

15) What recyclable material(s) do you collect or accept?

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Glass | <input type="checkbox"/> Plastic | <input type="checkbox"/> Bi-metal |
| <input type="checkbox"/> Newsprint | <input type="checkbox"/> White Paper | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Paper Mixed |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Phone books | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Tin |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Other Metal | <input type="checkbox"/> Glass-Mixed |
| <input type="checkbox"/> Glass-sorted | <input type="checkbox"/> Plastic-PETE | <input type="checkbox"/> Plastic-HDPE | <input type="checkbox"/> Plastic-Other |
| <input type="checkbox"/> Green Waste | <input type="checkbox"/> Wood | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Oil filters |

Others: _____

16) Type of separation at point of collection

- Mixed Sorted

17) Type of containers used at point of collection

- None Bins Automated Container Bag

Other (**describe**): _____

SORTER INFORMATION

18) Sorter Information #1

Contact Person _____
First Middle Last Title

Organization Name _____
Fictitious Business Name, If Applicable

Business Address _____
Address City County State Zip Code

Mailing Address _____
Address City County State Zip Code

Telephone Number () _____ () _____
Fax

All Location(s)

Where sorting takes place _____
Address City County State Zip Code

Address City County State Zip Code

Sorter Information #2

Contact Person _____
First Middle Last Title

Organization Name _____
Fictitious Business Name, If Applicable

Business Address _____
Address City County State Zip Code

Mailing Address _____
Address City County State Zip Code

Telephone Number () _____ () _____
Fax

All Location(s)

Where sorting takes place _____
Address City County State Zip Code

Address City County State Zip Code

(Attach additional sheets for sorters as necessary)

19) Provide the name and certification number of the recycling centers and/or processors where the materials are most often sold.

Name _____ Certification Number _____

Material Type Aluminum Glass Plastic Bi-metal

Name _____ Certification Number _____

Material Type Aluminum Glass Plastic Bi-metal

DECLARATION AND SIGNATURES

20) a. I agree to operate the facility in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.

b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

Note: Please refer to note below (*) for information on who is eligible and required to sign this form.

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Attach Additional Sheet if Necessary.

* **Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Husband & Wife Co-ownerships-both husband & wife; Corporations, Limited Liability Companies, Government or Public Agencies-persons with authority to legally bind said entity to a contract (e.g., Executive Officer, Managing Member).**

** **Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container Recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.).**