



DEPARTMENT OF CONSERVATION  
CERTIFICATION SERVICES BRANCH  
CERTIFICATION SECTION

CERTIFICATION APPLICATION INSTRUCTIONS  
Dropoff or Collection and Community Service Programs

**General Instructions for All Applicants:**

- Make sure you have the correct application (DOR 6/93 7 Rev. 10/99) for Dropoff or Collection and Community Service Programs. There is a separate application with red borders to certify a Recycling Center or Processing Facility.
- Print in ink or type. **Do not** leave any spaces blank. Indicate N/A for any items that are not applicable.
- Read the following instructions to make sure your application is complete.
- Review the application for completeness; make sure all required information has been submitted.
- Mail the application to: **Department of Conservation, Division of Recycling  
Certification Section, 801 K Street, MS 15-59  
Sacramento, CA 95814-3533**
- Questions? Call (916) 327-7361
- Preguntas en Español? Llame al (916) 324-8598

**Item 1: OPERATOR INFORMATION**

**Contact Person:** Put the name of one person who is available on a regular basis to answer questions regarding your application and recycling program. This is the person who receives mail and whose name will be on the recycling certificate. It may be the person authorized to sign the application (Item #25).

**Title:** This may be the contact person's job title, corporate position, or other title (for example, Manager, President, and Owner).

**Organization name:** This is the name used by the applicant (e.g., the individual or partnership). For corporations it is the name on the Articles of Incorporation.

**Fictitious Business Name:** If the organization name is different than the name under which you do business, provide your d.b.a.

**Business address:** This is the organization's headquarters address and the location where you store the records, unless you specify otherwise in writing. It may be a residence address if you store your records at home. **It cannot be a post office (PO) box.**

**Mailing address:** This is the address where the Department of Conservation, Division of Recycling (Division) will send your mail. It may be a P.O. Box, a residence address, or a business address.

**Telephone number:** This is a number where the public can contact the applicant/operator during normal business hours (Monday-Friday, 8:00 a.m. – 5:00 p.m.)

**Item 2: Type of Organization: Check only one organization box and submit all of the documentation requested for that organization type.**

**PARTNERSHIPS**

- Indicate “**General**” or “**Limited**”.
- Provide copy of **current partnership agreement**.

**CORPORATION**

- Indicate the **Corporate number** (this number can be found stamped in the top right-hand corner of the Articles).
- Indicate if the corporation is **profit or nonprofit**.
- Indicate if the corporation is **domestic** (originating in California), or **foreign (submit copy of certificate from California Secretary of State)**.
- Provide the **name of the agent for service of process** (person or entity to be served legal documents).
- Submit copy of the **initial and any amended Articles of Incorporation**.
- List of the current **corporate officers with position titles**.

**LIMITED LIABILITY COMPANY**

- Indicate if the corporation is **domestic** (originating in California), or **foreign (submit copy of certificate from California Secretary of State)**.
- Provide the **name of the agent for service of process** (person or entity to be served legal documents).
- Submit copy of **Articles of Organization**.
- Submit copy of **Statement of Information**.
- Submit copy of **operating agreement**.

**HUSBAND AND WIFE CO-OWNERSHIP**

- Provide the **Name of Spouse** on the application.

**GOVERNMENT OR PUBLIC AGENCY**

- Indicate “**City**” “**County**” “**City & County**” “**Others**”.
- Submit copy of **Governing Board Resolution** authorizing this application.

**Item 3: SUBMIT A COPY OF THE FICTITIOUS BUSINESS NAME STATEMENT, IF APPLICABLE**

A fictitious business name statement is a document filed with the city or county that allows the entity to use another name.

**Item 4:** **Federal Identification Number:** Also known as an Employer Identification Number (EIN). This is the number used by you or your company to pay Federal and State taxes. This number must be provided by all entities. **Applicants that are seeking certification as an individual and do not employ any staff, and husband and wife entities that do not employ any staff, may use their social security number.** If you need a federal I.D. number, contact your local Internal Revenue Service Office to obtain a copy of Form SS-4 "Application for Employer Identification Number".

**Items 5-8:** Check "yes" or "no" in response to these questions. Then provide information relating to your certification history.

**Item 9:** Check "yes" or "no" in response to this question. If you do not speak English, indicate the type of language spoken on the line provided.

**\*\*Note: Items #10-#24 assist the Division in determining the type of recycling program you are proposing to operate and where you obtain materials. Provide as much information as possible\*\***

**Item 10:** Put the name of your program. This is the organization name or the d.b.a.

**Item 11:** Check the appropriate box(es) to indicate the type(s) of empty beverage containers you plan to collect or accept as a dropoff or collection or community service program.

**Item 12:** If you plan to apply for certification as a Neighborhood Dropoff Program, answer "yes" and **submit copy of a letter of authorization from city, county, or city and county specifying the dropoff locations, and a regional map outlining the geographical area served.** List the address(es) of the dropoff location(s) served under the neighborhood dropoff program on the application.

**Item 13:** If you plan to collect beverage containers regularly from specific locations, your response to this item should be "yes".

**Item 14:** If you plan to collect beverage containers on a daily, weekly, or monthly basis, or at set times, your response to this item should be "yes". If you plan to pick up on call, check 'no' and note that you will pick up when called.

- ITEMS 15 & 16:** If you plan to collect empty beverage containers from the types of establishments listed, check **"yes"** and provide the information requested. If you plan to collect from these types of establishments, but have not yet established your collection locations, check **"yes"** and write 'not yet established' on the application.
- Item 17:** If you plan to collect empty beverage containers from other locations, complete this item.
- Item 18:** Check **"yes"** if you plan to have any receptacle where people can drop or donate their empty beverage containers. Indicate how many and where.
- Item 19:** If you plan to collect empty beverage containers at residential curbside under written acknowledgment by a local government agency, be aware that curbside collection requires a separate registration process. Your response to this item should be 'no' since curbside collection is not part of your dropoff or collection, or community service program.
- Item 20:** Check **"yes"** if you operate a materials recovery facility (MRF) that separates or removes beverage containers from mixed municipal waste (garbage) under permit by a local government agency. Provide a copy of your current permit or formal acknowledgment of operation from the local government agency.
- Item 21:** If you operate a dropoff or collection program located on federal land, check **"yes"** and submit written authorization for State inspectors to enter the property unannounced. Also, indicate if the program is located at a national park, military installations, or other federal property.
- Item 22:** Your response to this item should be **"no"**. Dropoff or Collection Programs and Community Service Programs **CANNOT** pay refund value for empty beverage containers. If you respond **"yes"** to this item, explain your response.
- Item 23:** Check **"yes"** or **"no"** to indicate if you plan to pay scrap value for empty beverage containers as a dropoff or collection program or community service program.

**Item 24:** Your response to this item should be "**yes**". Out-of-state containers are not redeemable for CRV. If your response is 'no', explain.

**Item 24:** Check "**yes**" or "**no**" for this question.

**Item 25:** **DECLARATION AND SIGNATURES** - Complete this item fully.  
***Be sure to include the county as well as the city where the affidavit was signed, even if the city and county are the same.***

**Individual**

- applicant must print and sign his/her name.

**Partnership**

- All partners must print and sign their names.

**Husband/wife**

- Husband and wife must print and sign their name.

**Corporation**

- Must be signed by a person authorized to legally bind the company to a contract, such as a corporate officer or managing member.

**Limited Liability Company**

- Must be signed by a person authorized to legally bind the company to a contract, such as a managing member.

**Government and Public Agency**

- Must be signed by the person legally authorized to make agreements for that office or agency.

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