



Certification Application

RECYCLING CENTERS & PROCESSORS

Mail to: CalRecycle • Division of Recycling • Certification Section
801 K Street • MS 15-59 • Sacramento, CA 95814-3533
Questions? Call: (916)324-8598

SAMPLE ONLY

Instructions

- Print In Ink Or Type.
- Submit A Separate Form For Each Location Or Category.
- Indicate N/A For Any Items Which Are Not Applicable.

Office Use Only

App. # **A** _____
 Certification No. _____
 5 year Probationary: Expiration _____

OPERATOR INFORMATION

1) Category of Certification

(Check One)

Recycling Center Processor

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

3) Type Of Organization

(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 _____
- h. Other (Explain): _____

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

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

Type Of Organization (Continued)

- 6) Are you, your spouse, your partner, or any corporate officer **currently certified** by CalRecycle, Division of Recycling, in any category? Yes No
If YES, Certification Number(s) _____
- 7) Have you, your spouse, your partner, or any corporate officer **ever been certified** by CalRecycle, Division of Recycling, in any category? Yes No
If YES, Certification Number(s) _____
- 8) Do you, your spouse, your partner, or any corporate officer have additional **pending applications** with CalRecycle, Division of Recycling, in any category? Yes No
- 9) Have you, your spouse, your partner, or any corporate officer ever had a certificate **denied, suspended, or revoked** by CalRecycle, Division of Recycling, in any category? Yes No
- 10) Do you speak English? Yes No
If NO, which language is spoken? _____

FACILITY INFORMATION

11) _____ () _____
 Name of Facility Facility Telephone Number, If Applicable

 Facility Address

 City County State Zip Code

- 12) Identify the nearest cross street to the facility: _____
- 13) Property Ownership: Own Lease Rent Donated Space Other (specify): _____
Submit a copy of the current tax or mortgage statement, or current rental/lease agreement or written use agreement from the owner or leaseholder authorizing use of the property for a recycling business. The document must identify the operator and the facility address (as stated in item 11).

 Name of Property Owner/Leaseholder () Telephone Number

 Address City State Zip Code

- 14) Has the facility or program **ever been operated** by a different certified operator or under a different facility name in any category? Yes No
- a. Former facility name, if applicable: _____
- b. Former operator name, if applicable: _____
- c. Former certification number, if known: _____

15) What will be the facility's actual days and hours of operation?

(Must identify am/pm.)

Business hours:	Hours closed for lunch:
Mon ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Tues ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Wed ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Thurs ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Fri ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Sat ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.
Sun ____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.

If using reverse vending machine(s):
 24 hours/7 days a week for: Aluminum Glass Plastic
 Bimetal

RECYCLING CENTERS ONLY

- 16) Is this facility located on federal land? Yes No
If yes, submit authorization for State Inspectors to enter property.
- 17) Do you agree to inspect loads of empty beverage containers in accordance with the regulations? **All partners, both husband and wife co-owners must initial.**
 Yes No Your **original** initials _____
- 18) Do you agree to accept and redeem all type(s) of redeemable beverage containers at the facility? **All partners, both husband and wife co-owners must initial.**
 Yes No Your **original** initials _____
- 19) Are you requesting "grandfathered" status for your facility? Yes No
 If yes, which material types do you accept? Aluminum Glass Plastic Bimetal
Provide proof of operation as of January 1, 1986.
- 20) Number of Staff: Self _____ Others _____
- 21) Describe the methods used to collect and store redeemed beverage containers:
 Igloos Bins Trailers Reverse vending machines Carts Bales Pickup truck/Van/Auto
 Other (Explain): _____
- 22) **If using reverse vending machine(s)**, indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s).
 In-store redemption: Name and address of store: _____
 On-site attendant Other (Explain): _____
- 23) Are you applying for certification as a Nonprofit Convenience Zone Recycler Yes No
If yes, provide proof of Nonprofit Tax Exempt status.
- 24) Are you applying for certification as a Rural Region Recycler Yes No

PROCESSORS ONLY

- 25) Which redeemable beverage containers will be **accepted** at the facility? Aluminum Glass Plastic Bimetal
- 26) Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type.

Aluminum

- Shredding
 - Densification to 30 lbs./cu. ft.
 - Exported from State*
 - Delivered to end-user*
 - Other: _____ (Specify)
- *Containers must first be densified to 15 lbs./cu. ft.

Glass

- Crushed to uniform size acceptable by willing user
- Exported from State
- Delivered to end-user

Plastic

- Shredded
- Exported from State
- Delivered to end-user
- Other: _____

Bimetal

- Densification
- Shredding
- Milling
- Nuggetting
- Exported from State
- Delivered to end-user

- 27) Do you agree to purchase redeemed beverage containers from any requesting certified recycler? Yes No
All partners, both husband and wife co-owners must initial. Your **original** initials _____
- 28) Do you transact business by appointment only? Yes No
If No, complete item #15 on page 2 of this application.

DECLARATION AND SIGNATURES

29)

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.).**

FOR INFORMATION ONLY

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

- | | | | | | |
|---|--------------------------------------|---|--|--|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> White Paper | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Construction/Demolition | <input type="checkbox"/> Styrofoam |
| <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Other Glass | <input type="checkbox"/> Other Plastic | <input type="checkbox"/> Telephone Books | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Auto Batteries | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Yard Waste | <input type="checkbox"/> Oil Filters | <input type="checkbox"/> Tin Cans | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Steel | <input type="checkbox"/> Copper | <input type="checkbox"/> Iron | <input type="checkbox"/> Toner Cartridges | <input type="checkbox"/> Other _____ |