

INSTRUCTIONS. Print in ink or type. Submit a separate form for each location. Use N/A to indicate any items that are not applicable.

I. APPLICATION TYPE (Check One)

- Initial New Application
- Recertification Application Certification Number _____ (CalRecycle will issue this Certification Number for initial applications).

II. COLLECTION CENTER INFORMATION

Name of Business (as seen from street)

Street Address (physical location of oil collection center)	City	County	Zip
Mailing Address (if different than street address)	City	County	Zip
Contact Person's Name	Contact's Phone Number ()	Contact's Fax Number ()	
EPA Hazardous Waste Generator Identification Number	Total used oil storage capacity (in gallons)	Used Oil Filters Accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of physical location of collection center; including nearest cross streets:

III. OPERATOR INFORMATION

Operator's Name	Operator's E-mail Address		
Operator's Mailing Address	City	State	Zip
Operator's Contact Name	Operator's Contact Phone Number ()		
Federal Taxpayer Identification Number (Employer ID#)	Operator's Contact Fax Number ()		
Does the center operator own or operate a used oil hauler business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the center operator own or operate a used oil recycling facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

IV. ORGANIZATION TYPE (Check One)

A. For Profit

- Individual (Attach copy of fictitious business name statement or business license).
 Circle the type that best describes your site: Auto Service, Commercial Oil, Dealership, Fleet Management, Marina, Parts Store (no auto service), Parts Store (with auto service), PHHW/Landfill/Transfer Station, Quick Lube, Travel Center, Wrecking.
- Partnership (Attach a copy of current partnership agreement).
- Corporation (Write the exact corporate name and number as assigned by the California Secretary of State).
 Corporation Name & Number: _____
- Husband and Wife co-ownership (Provide both spouses' names in Section V. Declaration and Signatures).

B. Non Profit

Attach a copy of your tax-exempt status letter from the Federal Internal Revenue Service or the State of California Franchise Tax Board. Non-profit corporations may provide a letter confirming tax-exempt status or may write below the exact corporate name and number as filed with the California Secretary of State.

- Corporation name & number: _____
- Church School Youth Group Senior Citizen Group Other (Explain) _____

C. **Local Government Agency** (Attach a copy of authorizing letter or resolution from the governing body)

D. **Other** (Public School District, etc. (please describe) _____)

V. DECLARATION AND SIGNATURES

IF APPLICANT IS:

- A **partnership**, the application must be signed by a partner, with authority to bind the partnership to a contract.
- A **firm, association, corporation, county, city, public agency or other governmental entity**, the application must be signed by the Chief Executive Officer or the individual with authority to legally bind the entity to a contract.
- A **husband and wife** co-ownership, the application must be signed by both the husband and the wife.

I certify, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge, and that the facility for which this application is being made is currently in compliance with all Federal, State and local requirements. I certify that the property owner is aware that I am applying to become a certified used oil collection center and will be accepting used oil from the public.

I agree to operate in compliance with the requirements of the California Oil Recycling Enhancement Act, and with all related regulatory provisions, including the following requirements:

- *Used oil will be accepted from the public free of charge during normal business hours.*
- *The recycling incentive fee of 40 cents/gallon will be rendered upon request by the public at the time used oil is accepted; and*
- *A Used Oil Collection Center sign (provided free to the business) will be posted outside the business so that it can be easily seen from the street.*

Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed
Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed

Return completed application to:
 Department of Resources Recycling and Recovery
 Used Oil Recycling Program, MS 9-A
 Attn: Certification
 1001 I Street, PO Box 4025
 Sacramento CA 95812-4025
Fax (916) 319-7490

Any questions, please call: (916) 341-6690
Or e-mail: usedoilccc@calrecycle.ca.gov

FOR CalRecycle USE ONLY

Date Received _____
 Date Accepted _____
 Date Rejected _____
 Resubmit Date _____

This form is available on the Department of Resources Recycling and Recovery website at: <http://www.calrecycle.ca.gov/UsedOil/Forms/>