

IV. APPLICANT INFORMATION

Do you, the applicant, own or operate a used oil hauler business? YES NO

Do you, the applicant, own or operate a used oil recycling refinery? YES NO

INDUSTRIAL GENERATORS ONLY:

Describe the type of business conducted:

Describe the physical location of the facility in relation to the nearest cross street:

ELECTRIC UTILITIES ONLY:

Describe the physical location of the facility in relation to the nearest cross street:

CURBSIDE COLLECTION PROGRAMS ONLY:

What days of the week does your collection program operate?

What is the collection service area? (Please include city or town, and zip codes of collection areas.)

If you are a contract operator, who are you contracted with?

If you are a Local Government, who is your operator?

What other recyclable materials do you collect as part of your program (e.g. aluminum, glass)?

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

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 (CalRecycle)
Used Oil Recycling Program, MS-9A
Attn: Registration/Certification
1001 I Street, PO Box 4025
Sacramento CA 95812-4025

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 _____