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

## Application for Curbside Registration

State of California  
Department of Resource Recycling & Recovery  
CalRecycle 915 (Rev. 2/18)

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

### 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**

2) **Type of Organization**
   - (Check one box)
     - a. **Individual:**
     - b. **Partnership:**
       - General  
       - 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.**
       - Domestic or Foreign (Select one)
       - If foreign, submit copy of certificate from California Secretary of State.
     - 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.
     - e. **Husband and Wife Co-Ownership:**
       - Name of Spouse
     - f. **Local Government Agency:**
       - City  
       - County  
       - Other
       - Submit governing board resolution authorizing this application.
     - g. **Federal Agency:**
       - Military Installation  
       - National Park  
       - 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)

<table>
<thead>
<tr>
<th>Single Family</th>
<th>Weekly</th>
<th>Every 2 weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Family</td>
<td>Weekly</td>
<td>Every 2 weeks</td>
<td>Twice Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Apartments</td>
<td>Weekly</td>
<td>Every 2 weeks</td>
<td>Twice Monthly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Other (describe) ___________________________

14) Method of Collection (Check all that apply)

<table>
<thead>
<tr>
<th>Single Family</th>
<th>At Curb Manual</th>
<th>At Curb Semi-Automated</th>
<th>At Curb Automated</th>
<th>Backyard</th>
</tr>
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</tr>
</tbody>
</table>

Other (describe) ___________________________
PROGRAM INFORMATION (Continued)

15) What recyclable material(s) do you collect or accept?
- Aluminum
- Glass
- Plastic
- Bi-metal
- Newsprint
- White Paper
- Computer Paper
- Paper Mixed
- Magazines
- Phone books
- Cardboard
- Tin
- Steel
- Other Aluminum
- Other Metal
- Glass-Mixed
- Glass-sorted
- Plastic-PETE
- Plastic-HDPE
- Plastic-Other
- Green Waste
- Wood
- Used Oil
- Other (describe): ________________________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Material Type
- Aluminum
- Glass
- Plastic
- Bi-metal

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Material Type
- Aluminum
- Glass
- Plastic
- Bi-metal
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.

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.).