



State of California - Department of Resources Recycling and Recovery (CalRecycle)  
*Division of Recycling*

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PMD 1 (03/07)(Updated 08/15)

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# Plastic Market Development Payment Manufacturer Identification Number Application

FOR STATE USE ONLY

Postmark Date:

Identification Number:

Facility Name:

Mailing Address:

Facility Address:

Contact Person:

Telephone Number:

Type of Organization

Individual

Partnership

Corporation

Limited Liability Company

Other:

Describe Product(s) Produced from Empty Plastic Beverage Container Material below:

Signature and Title of Authorized Representative:

Date: