



USED OIL CERTIFIED COLLECTION CENTER APPLICATION

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

1. APPLICATION TYPE (Check One)

- Initial New Application (*CalRecycle will issue a new certification number*)
- Location Change Operator Change (CalRecycle Certification #) _____
- Recertification Application (CalRecycle Certification #) _____
- Do you need replacement CCC signage for your store? Yes No

2. OPERATOR INFORMATION

Operator/Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email Address: _____

Federal Taxpayer Identification Number (FEIN #): _____

Does the operator own or operate a used oil hauler business?

Yes No

Does the operator own or operate a used oil recycling facility?

Yes No

Does the operator use a contractor/consultant to manage incentive claim submissions?

Yes No

Name of Contractor/Consultant: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number _____

3. ORGANIZATION TYPE (Check One)

A. For Profit

Individual (*Attach fictitious business name statement or business license*).

Partnership (*Attach a copy of partnership agreement*).

Corporation (*Corporate Name and number assigned by the California Secretary of State's Office*).

Corporate Name: _____ Corporate #: _____

Husband and Wife Co-Ownership (*Provide both spouses' names and signatures 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: _____

C. Other Entity

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

4. COLLECTION CENTER INFORMATION

Name of Business (as seen from the street): _____

Street Address (location of oil collection center): _____

City: _____ County: _____ Zip: _____

Mailing Address (if different from address above): _____

City: _____ County: _____ Zip: _____

Contact Person's Name: _____

Contact Phone Number: _____ Contact Email Address: _____

EPA Hazardous Waste Generator Identification Number: _____

Total Tank Capacity (in gallons) & Number of Extra Drums (Example 500/3): _____

Does the Center accept used Oil Filters?

Yes No

Does the Center crush used Oil Filters?

Yes No

Check One Collection Center Type (Below) that Describes Your Site:

- | | |
|---|---|
| <input type="checkbox"/> Filter Crusher | <input type="checkbox"/> Auto Wrecking |
| <input type="checkbox"/> Auto Parts Store | <input type="checkbox"/> Commercial Oil Sales |
| <input type="checkbox"/> PHHW/Landfill/Transfer Station | <input type="checkbox"/> Auto Fleet |
| <input type="checkbox"/> Service Center & Parts Store | <input type="checkbox"/> Dealership |
| <input type="checkbox"/> Truck Service Shop | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Auto Service/Repair | <input type="checkbox"/> Oil Change Shop |
| <input type="checkbox"/> Travel Center | |



5. 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 seen easily from the street.*

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

Return completed application to:
 Department of Resources Recycling and Recovery (CalRecycle)
 Used Oil Recycling Program
 Attn: Certification
 1001 I Street, MS 9-A
 Sacramento, CA 95814

If you have questions:
 Please call: (916) 341-6690
 E-mail: UsedOilCCC@CalRecycle.ca.gov
 Fax (916) 319-7490

For CalRecycle Use Only

Date Received _____

Date Accepted _____



**INSTRUCTIONS FOR COMPLETING
USED OIL CERTIFIED COLLECTION CENTER APPLICATION**

1. Select Application Type
2. Complete Operator/Corporation Information. The FEIN # is a **required** field
3. Select your Organization Type.
 - a. If you are an Individual, please attach a copy of the fictitious business name statement or business license. If you are a Partnership, please attach a copy of the partnership agreement. If you are a Corporation, you must provide your Corporate name and Corporate #.
 - b. If you are a non-profit, please attach a copy of your tax-exempt status letter from the Federal Internal Revenue Service or California Franchise Tax Board.
 - c. If you are a Local Government Agency, please attach a copy of authorizing letter for resolution from the governing body.
4. Complete the Collection Center Information
 - Name of Business **as seen from the street**
 - Street Address – The location of the Oil Collection Center
 - Mailing Address – if it is different from the address above
 - Contact Person's Name, Phone Number and Email address
 - EPA Hazardous Waste Generator Identification Number - **This is required and the EPA # MUST be active**
 - Total Tank Capacity (in gallons) and Number of Extra Drums (Example 500/3) – This is a required field
 - Do you accept used Oil Filters?
 - Do you crush your used Oil Filters?
 - Check only **ONE** of the Collection Center Types that best describes your site.
5. Please read the Declaration and sign the Application providing your printed name, date and location of signature.
 - Return completed application to address provided or email to UsedOilCCC@CalRecycle.ca.gov. If you have any questions, please contact the CCC Unit at (916)341-6690 or send an email to the above email address.