



www.calrecycle.ca.gov

State of California
CalRecycle 770 (Rev. 1/14)

Division of Recycling/Certification Unit
801 K Street, MS 15-59, Sacramento, CA 95814
(916) 324-8598

State of California
Edmund G. Brown Jr., Governor
Department of Resources Recycling and Recovery (CalRecycle)

DOR USE ONLY	
Reg ID	_____
Case ID	_____
Cert ID	_____

Certification Application for Recycling Centers and Processors

- Please type or print neatly in blue ink.
- Submit a separate application for each location or category.
- Write N/A for any item(s) that are not applicable.

SECTION 1 – CATEGORY OF CERTIFICATION Check one: Recycling Center Processor

SECTION 2 – PRECERTIFICATION TRAINING AND EXAMINATION REQUIREMENTS

Name of Voucher Holder	Title (optional)	Voucher Number	Registry ID # (optional)
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SECTION 3 – CONTACT PERSON INFORMATION

First Name	Middle Name	Last Name	Suffix
Title (optional)		Languages Spoken (optional)	
Residence Address			Suite/Apt
City		State	ZIP
California Driver's License/Identification Number	SSN/Taxpayer ID**	Date of Birth	
Business Phone ()	Home Phone ()		
Cell Phone ()	E-mail		

SECTION 4 – ORGANIZATION INFORMATION

Business Name is the name that will appear on the certificate and is the actual name under which the organization will be paid.
Business Address is the address at which the records will be stored (not necessarily the address where the recycling center will be located).

Business/Organization Name	Doing Business As (attach the Fictitious Business Name Statement):					
Business Street Address (see definition above; no PO Boxes)	Suite/Apt	City	County	State	ZIP	
Business Mailing Address	Suite/Apt	City	County	State	ZIP	
Phone ()	Fax (optional) ()	Website				

Taxpayer ID:
If you are not a sole proprietorship or married couple partnership, or you have employees you cannot use a Social Security number.

SECTION 5 – TYPE OF ORGANIZATION (Check only **ONE** box)

For Profit	
<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Married Couple Co-ownership Spouses' Names: _____ _____	<input type="checkbox"/> Partnership <i>Submit a copy of partnership agreement.</i> ___ General ___ Limited
<input type="checkbox"/> California Corporation <i>Attach the Article of Incorporation and a current list of corporate officers.</i> Corporate Number: _____ Agent for Service of Process: _____	<input type="checkbox"/> Corporation not Formed in California <i>Attach Articles of Incorporation, list of corporate officers, and certification from the Secretary of State authorizing corporation to transact business in California.</i> Corporate Number: _____ Agent for Service of Process: _____
<input type="checkbox"/> California Limited Liability Company <i>Attach Articles of Organization, Statement of Information, and Operating Agreement.</i> Agent for Service of Process: _____	<input type="checkbox"/> Limited Liability Company not Formed in California <i>Attach Articles of Organization, Statement of Information, Operating Agreement, and the certification from Secretary of State authorizing the company to transact business in California.</i> Agent for Service of Process: _____
<input type="checkbox"/> Nonprofit or Charity <i>Attach description of organization and copy of letter from Internal Revenue Service for the California Franchise Tax Board confirming tax-exempt status. Non-profit corporations must additionally provide the attachments required for corporations listed above.</i>	
<input type="checkbox"/> Local Government ___ City ___ County ___ Other: _____ <i>Attach board resolution authorizing application.</i>	
<input type="checkbox"/> Federal Government ___ Military ___ National Park ___ Other: _____	

SECTION 6 - ORGANIZATION HISTORY

- Are you, your spouse, your partner, or any corporate officer currently certified by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s). Attach additional pages, if needed.

- Have you, your spouse, your partner, or any corporate officer ever been certified by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s). Attach additional pages, if needed.

- Do you, your spouse, your partner, or any corporate officer have additional pending applications with CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s). Attach additional pages, if needed.

- Have you, your spouse, your partner, or any corporate officer ever had a certificate denied, suspended, or revoked by CalRecycle, Division of Recycling, in any category? Yes No

If YES, name(s) of individuals and certification number(s). Attach additional pages, if needed.

SECTION 7 – FACILITY INFORMATION

Facility Name		
Facility Street Address		Suite/Apt
City	County	ZIP
Facility Phone ()		How many employees at this location?
Did you purchase the recycling center business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, from whom (full name):</i>		Nearest Cross Street

1. Type of usage agreement: Own Rent Donated Space Other
You must include a copy of the lease, mortgage statement, or use agreement that clearly lists the applicant, the property owner, and the facility location, and grants permission to use the space for a recycling center.

2. Property Owner Information

First Name	Last Name	E-mail Address
Business Name (if applicable)		Phone ()
Mailing Address		Suite
City	State	ZIP

3. Hours of operation (circle am/pm). **Note:** *If no lunch hours are indicated, the recycling center must be open from Open to Close.*

	Open	Lunch hours	Close
Monday	am / pm	to	am / pm
Tuesday	am / pm	to	am / pm
Wednesday	am / pm	to	am / pm
Thursday	am / pm	to	am / pm
Friday	am / pm	to	am / pm
Saturday	am / pm	to	am / pm
Sunday	am / pm	to	am / pm

4. Have you contacted your local government for the necessary permits? (optional) Yes No
5. Is this facility located on federal land? Yes No
If yes, you must provide written authorization from the responsible federal agency allowing state inspectors to enter the property.

Section 8 - Recycling Center Information Only

1. Do you agree to accept and redeem all types of redeemable beverage containers at the facility? All partners, both husband and wife co-owners, must initial. Yes No
2. Are you requesting "grandfathered" status for your facility? Yes No
If yes, which material types do you accept? Aluminum Glass Plastic Bimetal
Attach proof that you were operational as of January 1, 1986.
3. Are you applying for certification as a Nonprofit Convenience Zone Recycler? Yes No
4. Are you applying for certification as a Rural Region Recycler? Yes No
5. Describe the methods used to collect and store redeemed beverage containers:
 Igloos Bins Trailers Reverse vending machines Carts Bales
 Pickup truck/Van/Auto Other (Explain): _____

6. If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s):
 In-store redemption: Name and address of store: _____
 On-site attendant Other (Explain): _____

Section 9 - Processing Facility Information Only

1. What redeemable beverage containers will be accepted at the facility?
 Aluminum Glass Plastic Bimetal
2. Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type:

Aluminum

- Shredded
- Densification to 30 lbs./cu. ft.
- Delivered to end-user*
- Exported from state*
- Other: *(Specify)* _____

Plastic

- Shredded
- Delivered to end-user
- Exported from state
- Other: *(Specify)* _____

Glass

- Crushed to uniform size
- Delivered to end-user
- Exported from state

Bimetal

- Densification
- Shredding
- Nuggeting
- Milling
- Delivered to end-user
- Exported from state

*Containers must first be densified to 15 lbs./cu. ft.

3. Do you transact business by appointment only? Yes No
If "No.", complete the Hours of Operation area on the previous page.

Section 10 - Declaration and Signatures

- 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.

Who must sign affidavit: For Sole Proprietorships-the applicant; Partnerships-each partner; Married Couple and Co-ownerships-both married couple and co-owners; 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).

Attach Additional Sheet(s) if Necessary.

Executed at: City		County	State	Date
Signature				
Voucher Number	Voucher Expiration (optional)		Registry ID Number (if available)	
First Name	Middle Name	Last Name		Suffix
Title (Optional)			Languages Spoken (optional)	
Residence Address				Suite/Apt
City		State	ZIP	
California Driver's License/Identification Number		SSN**		Date Of Birth
Business Phone ()	Home Phone ()	Cell Phone ()	E-mail	

Executed at: City		County	State	Date
Signature				
Voucher Number	Voucher Expiration (optional)		Registry ID Number (if available)	
First Name	Middle Name	Last Name		Suffix
Title (optional)			Language Spoken (optional)	
Residence Address				Suite/Apt
City		State	ZIP	
California Driver's License/Identification Number		SSN**		Date of Birth
Business Phone ()	Home Phone ()	Cell Phone ()	E-mail	

**** 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.).**