

## Mandatory Commercial Recycling Self-Recycling Certification Form

Submit completed form to [organics@kerncounty.com](mailto:organics@kerncounty.com)

**Note:** Filling out this form does not automatically certify compliance with [AB 1826](#) or [AB 341](#). This form does not apply to SB 1383. Where required, SB 1383 automatic curbside service supersedes any approved self-recycling certification. This form will be reviewed by a Kern County Public Works employee before being confirmed.

### A. Business / Multi-Family Dwelling Information

Business Name \_\_\_\_\_

Business Owner/Authorized Designee's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### B. Solid Waste Estimate (includes trash, recyclables & compostable materials)

#### Trash Collection Service

Number of Containers on Site

\_\_\_\_\_ 1 cubic yard \_\_\_\_\_ 2 cubic yards \_\_\_\_\_ 3 cubic yards \_\_\_\_\_ 4 cubic yards

Weekly Collection Frequency

\_\_\_\_\_ 1(x) \_\_\_\_\_ 2(x) \_\_\_\_\_ 3(x) \_\_\_\_\_ 4(x)

### Recyclable Materials Collection Service (Blue Cart)

Number of Containers on Site

\_\_\_\_\_ 1 cubic yard    \_\_\_\_\_ 2 cubic yards    \_\_\_\_\_ 3 cubic yards    \_\_\_\_\_ 4 cubic yards

Weekly Collection Frequency

\_\_\_\_\_ 1(x)    \_\_\_\_\_ 2(x)    \_\_\_\_\_ 3(x)    \_\_\_\_\_ 4(x)

### Organics Materials Collection Service (Green Bin)

Number of Containers on Site

\_\_\_\_\_ 1 cubic yard    \_\_\_\_\_ 2 cubic yards    \_\_\_\_\_ 3 cubic yards    \_\_\_\_\_ 4 cubic yards

Weekly Collection Frequency

\_\_\_\_\_ 1(x)    \_\_\_\_\_ 2(x)    \_\_\_\_\_ 3(x)    \_\_\_\_\_ 4(x)

### Solid Waste Self-Hauled

Amount disposed

\_\_\_\_\_ Less than one Pick-Up Truck/Trailer Load (6'x5'x2') per week

\_\_\_\_\_ More than one Pick-Up Truck/Trailer Load (6'x5'x2') per week

## C. Recycling Information

### Contracted Landscape Service Provider

Service Provider Name \_\_\_\_\_

Service Provider Contact \_\_\_\_\_

### Materials Self-Recycled (check all that apply):

\_\_\_\_\_ Aluminum Containers

\_\_\_\_\_ Paper (magazines, newspaper, junk mail, etc.)

\_\_\_\_\_ Cardboard

\_\_\_\_\_ Metal/Tin/Steel Containers

\_\_\_\_\_ Glass Bottles/Jars

\_\_\_\_\_ Plastics #1 - #7

\_\_\_\_\_ Green Waste (grass/branches)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Food Waste

\_\_\_\_\_

**Facilities where materials are taken for RECYCLING** (Example: ABC Metal Recycling)

<b>Name of Facility</b>	<b>Address/Location</b>	<b>Materials Recycled</b>

**D. Certification**

Authorized Business Representative Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is accurate to the best of my knowledge. I understand that this form is an application, subject to Kern County Public Works review, and does not automatically exempt me from the Mandatory Recycling Bills, or certify my business as compliant.