



Linda S. Adams
Secretary for
Environmental Protection

Certified Appliance Recycler Application

Please submit to:
Department of Toxic Substances Control
Attn: Consumer Products Section- CAR application
1001 "I" Street, 11th Floor
P.O. Box 806
Sacramento, California 95812-0806
Or
CAR@dtsc.ca.gov

Before you may remove "materials that require special handling" (MRSH) from a major appliance, you must be approved as a Certified Appliance Recycler, pursuant to Health and Safety Code Section 25211 et seq (AB 1447, 2007). You must also provide evidence of your CAR status to scrap metal facility.

Once a certificate is issued, DTSC will notify the certified uniform program agency (CUPA) in your jurisdiction responsible for inspecting the certified appliance recycling facility.

Certificates issued will be valid for three years. Once your certification has expired, you are no longer a Certified Appliance Recycler. In order to continue operating as a CAR, you must renew your certification before the expiration date.

Please note: Any changes to the information provided on the Certified Appliance Recycler Application must be submitted to DTSC in order for the certification to be valid.

Renewal for CAR Number: _____ Please note: Entire application must be completed.

1. Business Information

Business name under which the applicant operates: _____

Physical Address: _____

Mailing Address: _____

Business Phone Number: (____) _____ Business Owner Name: _____

Owner Address: _____

Owner Phone Number: (____) _____ Email Address (if available): _____

2.) Hazardous Waste generator identification number: _____

3.) Is your organization required to obtain a storm water permit? Yes No

4.) Is your organization required to file a hazardous materials business plan? Yes No

5.) Tax identification number, assigned by the Franchise Tax Board: _____

6.) Attach a copy of a business license to this application.

7.) If applicable, attach a copy of conditional use permits issued by the appropriate city or county to this application.

8.) In an attached document, describe in detail your ability to properly remove and manage **all** materials that require special handling (MRSH) (HSC 25211.4(a)), found in appliances. The list below describes the level of detail that DTSC would like to see:

- **General Knowledge-** What types of MRSH are found in specific appliances?
- **Training-** Who will provide training to personnel responsible for removing MRSH from appliances at your facility? What are the contents of the training and what MRSH will be covered? How frequently will staff be trained? When will new staff be trained? What hard copy and electronic training and reference materials will be made available to staff?
- **Health and Safety-** Describe your facility’s health and safety plan and/or the duties of a safety officer. What personal protective equipment is used during the removal of MRSH? Provide information for spill kits available at your facility.
- **Proposed removal processes-** List the tools and equipment you use to remove each type MRSH. Briefly describe how each MRSH is identified and the procedure used to remove each type of MRSH from the appliance.
- **Storage¹** - How long do you plan to accumulate removed MRSH at your facility? Describe the containment of the MRSH. How are the containers labeled for each MRSH? Describe how materials will be packaged to avoid breakage. Describe your record-keeping system.
- **Disposition of Waste-** What will be the disposition of each MRSH? Please provide the name of the company that picks up waste, or a description of where the waste is sent and/or how it gets there.

What else should we know in order determine that you are capable of properly removing & managing MRSH?

Optional: Site Information:

Days and hours of operation of the facility: _____

Open to the public? Yes No

Type, expected source, expected number or weight of appliances to be handled per month at your facility:

CERTIFICATION

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I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

¹ Any MRSH that is a hazardous waste must be managed in accordance with Ch. 12 of 22 CCR