



Certified Appliance Recycler Application

Please submit to:

Department of Toxic Substances Control
Attn: HWMP - 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 (CAR), pursuant to Health and Safety Code Section 25211 et seq. (AB 1447, 2007). You must also provide evidence of your CAR status to the 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 CAR. 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 CAR Number: _____ **New 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. Have filed for a storm water permit? Yes or Not required to obtain

4. Have filed a hazardous materials business plan? Yes or Not required to file

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

6. **Attach** a copy of a business license.

7. **Attach** a copy of conditional use permits issued by the appropriate city or county, if applicable.

8. Include a separate document with your application that best describes your ability to properly remove and manage **all** materials that require special handling (MRSH), including but not limited to a technical description of how each MRSH will be removed and how each MRSH will be managed by applicant consistent with applicable laws. You may also include any additional information that describes how you are capable of properly removing and managing MRSH.

The list below are some areas of information that can be used to describe your ability to properly remove and manage MRSH.

- **General Knowledge** - Types of MRSH found in appliances at your facility.
- **Training** - Training provided to personnel responsible for removing MRSH from appliances at your facility; by whom; and contents covered in the training. Timing and frequency of training given/received for new and current staff. Training methods (in person, online, etc.) and reference materials made available to staff (hard copy, electronic, etc.).
- **Health and Safety** - Describe your facility’s health and safety plan and/or the duties of a safety officer, personal protective equipment used during the removal of MRSH; and spill kits information available at your facility.
- **Proposed removal processes** - Tools and equipment used to remove each type MRSH; how each MRSH is identified; and the procedure used to remove each type of MRSH from the appliance.
- **Storage¹** - Accumulation time of removed MRSH at your facility; containment of the MRSH; container labeling; containers packed to avoid breakage; and your record-keeping system.
- **Disposition of Waste** - Disposition of each MRSH. The name(s) of the company(ies) that picks up MRSH; where the MRSH is sent and/or how it gets there.

DTSC will review your full application for completeness. If your application meets the requirements of the Health and Safety Code section 25211.4 (a), DTSC will issue a numbered certificate. DTSC will notify applicants whose application fails to meet the requirements for certification and the reason why.

Optional: Site Information:

Facility operations: Days of the week: _____ Hours: _____

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 California Code of Regulations, title 22, chapter 12.