

Mandatory Commercial Recycling Self-Recycling Certification Form

Submit completed form to 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)

Name of Facility	Address/Location	Materials Recycled

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.