

# FORM B: ORGANICS RECYCLING



## Self-Certification Form for Compliance with *Organics Recycling Law AB 1826*

<b>Business Name</b>	
<b>Business Address</b>	
<b>Contact Person</b>	
<b>Telephone Number</b>	
<b>E-mail</b>	

**I hereby certify that the business listed above is participating in the following:**

1. Organic materials generated at my business include (check all that apply):
  - Pre-consumer food scraps (i.e., vegetable trimmings, spoiled produce, etc.)
  - Post-consumer food scraps (i.e., plate scrapings, employee/customer discarded food)
  - Wood waste
  - Landscaping/green waste
  - Other – please describe: \_\_\_\_\_
  
2. What is the status of your food scraps/organics recycling program? (DOES NOT APPLY TO MULTI-FAMILY COMPLEXES)
  - A. Active:** Our business **currently** diverts organics/food scraps from the landfill via one of the following methods:
    - Republic Services collects and recycles our organics/food scraps (i.e. we have a food scrap recycling container serviced by Republic Services).
    - Food Donation – We participate in edible food recovery by donating to a food bank/pantry.  
Food Bank/Pantry Name: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_
    - Self-hauling: Organic waste is taken to a central location for composting, recycling, and/or used for animal feed.  
Facility Name: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_
    - Another vendor collects and recycles food waste (i.e., agricultural reuse).  
Vendor Name: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_
    - Other (e.g., onsite processing or composting – please describe).  
\_\_\_\_\_
  - B. Pending:** Our business **will be** implementing an organics/food scraps diversion program through Republic Services
  - C. Non-compliant:** Our business currently **does not** have a food scraps/organics recycling program.  
Please explain why: \_\_\_\_\_
  
3. How does your business currently recycle landscaping/green waste and wood waste?
  - Landscaping Contractor removes landscaping/green waste and/or wood waste and it is taken to:  
Facility Name: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_
  - The Business Center/Plaza handles green waste via a Property Manager \_\_\_\_\_
  - Green waste is thrown in the trash (Property Manager Name and Phone)

By signing below, you are certifying that the information above is true and accurate. If applicable, a follow-up inspection and/or request of your business records on file pertaining to commercial organics recycling may be conducted by the State governing agency (CalRecycle) or its designee at any time to verify compliance.

“I certify under penalty of law that, based on my inquiry of the person or persons who manage the system or those persons(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted herein is true, accurate and complete. I am aware that there are significant penalties for knowingly submitting false information.”

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_