



# Mandatory Commercial Recycling Compliance Certification Form

California's Assembly Bill 341 requires any business generating four or more cubic yards of solid waste per week, and multifamily residential dwellings with five or more units, to implement a recycling program. If your business does not subscribe to weekly recycling service through your waste service provider, use this Compliance Form to document your business recycling program and ensure that your Moorpark business receives credit for its activities.

**1) Name of Business / Organization:** \_\_\_\_\_

**Address (Moorpark Location):** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**2) Type & Quantity of Recycled Materials:**

<u>Materials Recycled</u> (choose all that apply)	<u>Approx. Quantity per Month</u>	<u>Units (lbs/tons/etc.)</u>
<input type="checkbox"/> Bottles/ Cans.....	_____	_____
<input type="checkbox"/> Electronics.....	_____	_____
<input type="checkbox"/> Paper/ Cardboard.....	_____	_____
<input type="checkbox"/> Scrap Metal.....	_____	_____
<input type="checkbox"/> Toner / Printer Cartridges .....	_____	_____
<input type="checkbox"/> Other (please specify): _____	_____	_____
<input type="checkbox"/> Other (please specify): _____	_____	_____

**3) Please describe how recyclable materials are collected at this location:**

\_\_\_\_\_  
\_\_\_\_\_

**4) Who hauls the recyclable materials from this location? (Check all that apply)**

Employees self-haul recyclables to the recycling center.

Our company back-hauls recyclable materials to a centralized processing location.

Waste Management (using shared on-site recycling dumpsters.)

Other recycling company (please include company name and material(s) collected below

\_\_\_\_\_

**5) I certify that the aforementioned business has reviewed and complied with the requirements of the State of California's Mandatory Commercial Recycling Legislation (AB 341) to the best of its knowledge and ability:**

\_\_\_\_\_

Authorized Representative's Signature

\_\_\_\_\_

Date

Return completed form to: City of Moorpark  
799 Moorpark Avenue  
Moorpark, CA 93021

Or e-mail: mdouglass@moorparkca.gov