

Diversion Certification Request Form

Request for CalGreen Recycling Credit for Recycling at Unapproved Facilities, or Reuse & Salvaged Material(s)

Part 1 - To be completed by DELIVERING Company/Individual

Uses:

1. When Loads of C&D Debris or source separated materials were taken to an Unapproved Facility. (Approved C&D Processing Facility List can be found online at <http://www.cccounty.us/Debris>).
2. When delivering Construction and Demolition Debris to a company, or individual who does not normally issue receipts for receiving Reuse or Salvage items. Example: when wood is hauled to a neighbor's residence for reuse.

Instructions:

Both sides of this form must be completed and signed by both parties. Attach the completed form to the Construction Waste Management (CalGreen) Report, then submit and pay fee at Application Permit Center to apply for recycling credit. Department of Conservation and Development will approve request and grant appropriate recycling credit based on verifiable level of recycling as determined by the Department.

Job-Site Information	
Permit Number:	
Jobsite Address:	
Jobsite APN#	
Property Owner Name, Address & Phone:	
Jobsite Contact (Contractor) Name & Phone:	

Construction/Demolition Company, Hauling Company or Individual DELIVERING Material(s)	
Company or Individual Name:	
Address:	
City, State & Zip Code:	
Phone/Mobile Number:	
Email Address:	

I hereby certify that the information entered on this form is true and correct to the best of my knowledge.

Name of Delivering Company or Individual

Signature of Delivering Company or Individual

Date

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Request for CalGreen Recycling Credit for Recycling at Unapproved Facilities, or Reuse & Salvaged Material(s)

Part 2 - To be completed by RECEIVING Facility/Company/Individual

Instructions: Part 2 must be completed by **RECEIVING** Facility/Company/Individual who does not normally issue receipts for Reuse and Salvaged materials. Example: when wood is hauled to a neighbor's residence for reuse.

Facility, Company or Individual RECEIVING Material(s)			
Facility, Company or Individual Name:			
Address:			
City, State & Zip Code:			
Phone/Mobile Number:			
Email Address:			
Circle Facility/Individual Type(s):	Recycler Salvager/ End User	Processor On-Site Reuse	Transfer Station Other: _____ Landfill

Materials Accepted by Receiving Facility, Company or Individual			
Date Received	Material Type	Amount Identified in Pounds, Tons, or Cubic Yards	How will the materials received be used? (Total Percentage should equal 100%)
			% Recycled: _____ % Salvaged: _____ % Disposed: _____
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			% Recycled: _____ % Salvaged: _____ % Disposed: _____
			% Recycled: _____ % Salvaged: _____ % Disposed: _____

I hereby certify that the information entered on this form is true and correct to the best of my knowledge.

Name of Person from Receiving Facility, OR- End User if material salvaged/reused	Signature of Facility Attendant/Staff -OR- End User if material salvaged/reused	Date
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