Congratulations on completing your Facility Registration and your decision to become Certified under the Recycling Certification Institute’s (RCI) ISO-level CORR Protocol.

The Certification process may vary depending on the size and type of facility, but remains consistent in applying standard protocols to measure and account for a facility’s materials input and output to determine overall facility reuse, recycling, and recovery performance. The Evaluation process for Certification is rigorous. However, this level of review has been demanded by industry as a means of ensuring the confidence and accuracy in the publicly reported performance of the Certified Facilities and enhancing the credibility of the C&D recycling industry.

The overall objectives of applying the Certification standard are to:

* Provide a procedure for accounting for the materials inputs and outputs of a facility over a specified period of time.
* Provide an objective, transparent, and not unduly costly process for eligible firms seeking to communicate their reuse, recycling, and recovery of C&D materials.
* Provide users of Certified Facilities an assurance that the procedures and declarations are consistently applied and verified.

This document includes the Facility Application for Certification and instructions. A representative of your facility may have provided some of the required information in the Registration process and that may easily be transferred to this form. We are available to assist you, so please feel free to contact us at (916) 242-8287 if you have any questions.

After RCI receives your completed application, we will contact you to discuss your application and details of payment. RCI’s current rates can be found on this page:

<https://www.recyclingcertification.org/certification-process/> We will also provide information to assist you in preparing for your facility Evaluation.

Thank you for your support!

Sincerely,

Stephen M Bantillo

Recycling Certification Institute

Executive Director

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# INSTRUCTIONS FOR COMPLETING APPLICATION FOR CERTIFICATION

The Certification Application following these instructions is in Word format. Please type your answers directly into the boxes. Additional information and/or explanations may be provided following Line 28 of the Application. For line 29, please contact RCI to discuss your current electronic file format and how you may provide the required information to RCI. Many facilities employ different formats and we wish to make the transfer of this information as simple as possible. You may enter “NA” for Not Applicable or “Same as Above” where appropriate.

|  |  |
| --- | --- |
| **Line** | **Entry** |
| 1 | Construction and Demolition Recycling Association (CDRA) Member Number, if applicable |
| 2 | Name of the facility/line |
| 3 | Street address of the facility (P.O. Box not acceptable) |
| 4 | Name of the city in which facility is located, state, and postal code |
| 5 | Enter facility office telephone number |
| 6 | Facility contact person (usually the Facility or Plant Manager), include email address |
| 7 | Facility contact person's telephone numbers (office and mobile) |
| 8 | Operator's name (company or person operating the site) |
| 9 | Operator's corporate office street address |
| 10 | Operator's corporate office city, state, and postal code |
| 11 | Operator's contact person (usually the Office or Department Manager who signs application if contractor operated) and telephone number |
| 12 | Operator’s corporate office telephone numbers |
| 13 | Name of company or person who owns the Facility |
| 14 | Street address of owner's office |
| 15 | City, state, and postal code of owner's office location |
| 16 | Telephone number for owner’s office |
| 17 | Owner contact person (usually Corporate Officer who signs application if owner-operated) |
| 18 | Owner contact person office telephone number, include email address |
| 19 | State or local Registration Number or state or local Permit Number. Identify issuing agency, name, address, phone, and email address |
| 20 | Facility Design Capacity - tons per year (typically found on Facility's Permit or Design Report) |
| 21 | Write number of Weigh Scales in service (operable and regularly used) |
| 22 | How often are Facility's scales calibrated? (Quarterly, Semi-Annually, Annually?) |
| 23 | List Agency who certifies the scales, contact name, address, and phone number |
| 24 | Enter names of certified weighmasters (add lines as necessary) |
| 25 | Does the Facility use an electronic environmental management system (EMS)? Enter “Yes” or “No” as appropriate |
| 26 | Enter "Yes" if Facility's EMS is ISO 140001 Certified or “No” if not |
| 27 | Check box by each material facility accepts. Use blank lines and insert as necessary |
| 28 | List names of firms, your contact, and his/her contact information (including physical address), to which you sold materials during the past 12 months. Insert additional lines as necessary. This information will be treated as confidential. |
| 29 | Using an Excel spreadsheet, include: total tons/month of all inputs and outputs by material type, material to landfill, and material sales by material type for the past 12 months. Use a separate worksheet Tab for each month.The categories of inputs and outputs must match the materials as reported in Line 27. If 1) the facility has a Mixed C&D line and a separate material processing line; and, 2) source-separated materials are processed on the separate material line, then the separate material processing line is not included in this Certification and should be Certified separately.Example: A facility accepts Mixed C&D and also accepts loads of source-separated concrete and shingles for processing on the same site (same facility) to be processed on different lines. Concrete and/or shingles processed from the Mixed C&D line and moved to the Concrete/Shingles line(s) should be recorded as Output for the Mixed C&D line. However, source-separated concrete/shingles that do not go through the Mixed C&D line will not count toward the Mixed C&D line’s performance or Certification. |
| 30 | Facility Narrative, etc.: See information and instructions in Section 4. |
| 31 | Signatories: See information and instructions in Section 5. |

A completed Application for Certification will include:

* Sections 1 and 2 (#’s 1 – 28): All entries on this document
* Section 3 (#29): A separate spreadsheet
* Section 4 (#30): A separate word document
* Section 5: Signatory entries on this document

Submit the completed application and any supporting information to:

**info@recyclingcertification.org**

or other email as specified by RCI’s Executive Director. The subject line should read:

**“RCI Certification Application Form”**

Submittal of this application constitutes authorization to be invoiced the appropriate amount as set forth on the RCI’s Certification Process web page.

# APPLICATION FOR CERTIFICATION

Please enter the requested information by typing in the cell/box provided. You may enter “NA” for Not Applicable or “Same as Above” where appropriate.

**Section 1: Contact Information**

|  |  |  |
| --- | --- | --- |
| 1 | CDRA Member (Yes/No -- if applicable) |  |
| 2 | Facility Name |  |
| 3 | Street Address |  |
| 4 | City / State / Zip Code |  |
| 5 | Office Telephone |  |
| 6 | Facility Contact Person / email |  |
| 7 | Contact Person Telephone (offc/mbl) |  |
| 8 | Operator Name |  |
| 9 | Corporate Office |  |
| 10 | City / State / Zip Code |  |
| 11 | Contact Person |  |
| 12 | Contact Person Telephone |  |
| 13 | Owner |  |
| 14 | Street Address |  |
| 15 | City / State / Zip Code  |  |
| 16 | Office Telephone |  |
| 17 | Owner Contact Person |  |
| 18 | Contact Person Telephone / email |  |

**Section 2: About The Facility**

|  |  |  |
| --- | --- | --- |
| 19 | Registration / Permit Numbers / Agency |  |
| 20 | Facility Capacity Design |  |
| 21 | Number of Scales In Service |  |
| 22 | How Often Are The Scales Calibrated? |  |
| 23 | Certifying Agency / Contact |  |
| 24 | Names of Certified Weighmasters | 1) |
|  |  | 2) |
|  |  | 3) |
| 25 | Does the facility utilize an electronic environmental management system (EMS)? |  |
| 26 | If “Yes”, is the EMS ISO 14001 certified? |  |

|  |  |
| --- | --- |
| 27 | Materials Accepted (“X” appropriate boxes) |
|  |  | Mixed C&D |  | Hazardous Waste |
|  |  | Cardboard and Paper |  | Metals |
|  |  | Carpet, Padding and Foam |  | Plastics |
|  |  | Ceiling Tiles |  | Roofing Material |
|  |  | Concrete, Asphalt, Stone, Porcelain |  | Trash |
|  |  | Deconstructed & Salvage Items |  | Wood |
|  |  | Dirt/Clean Fill |  | Screen Fines |
|  |  | Drywall/Gypsum |  | Tires |
|  |  | Glass Plate/Tempered/Bottles or CRV |  | ADC - Alternative Daily Cover |
|  |  | Green Waste - Yard/Landscape |  | Other: (add below) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 28 | Firm names and contact information for markets through which you have sold materials in the past 12 months. This information will be kept confidential. Insert lines as needed. |
|  | Firm / contact name / address | Phone |
|  |  |  |
|  |  |  |
|  |  |  |
| Additional Information/Explanation for Sections 1 and 2 above, if necessary: |
| 29 | **Section 3: Facility Tonnage Spreadsheet** | Leave this box blank. RCI will provide example for Excel spreadsheet. |
| 30 | **Section 4: Facility Narrative** | Leave this box blank. See Section 4 Instructions |
| 31 | **Section 5: Signatories** | Leave this box blank. See Section 5 Instructions |

**Section 4: Facility Narrative and Preparation for Evaluation**

The following information is required to prepare for the Evaluation as well as the development of, and inclusion in, the facility Evaluation Report. Examples of these reports can be viewed on RCI’s website. See Certified Facilities at:

**https://www.recyclingcertification.org/certified-facilities/**

and click on any “Evaluation Report”.

Items a) through d) will be incorporated into the Evaluation Report. Items e) through g) will be reviewed onsite.

1. Facility Narrative
2. Description of Process Train
3. Daily Operations Flow
4. Description of Ticketing Process
5. Safety Plan
6. Contingency and Countermeasures Plan
7. Training logs

**Instructions for Facility Narrative**

Provide the following in separate document as an attachment to your Application for Certification.

General site plan identifying the areas allocated to the different types of materials management operations including:

* Scale house weighing
* Unloading
* Inspection
* Separation
* Screening
* Storage
* Processing
* Stockpiles
* Deposition of residuals
* Loading-out disposal
* Loading-out products

Generally describe major equipment. For example:

* Scale
* Trucks
* Loaders
* Grinders/Crushers
* Separation equipment
* Conveyors
* Containers, etc.
* Buildings

Provide a general statement for each major processing activity (use a flow diagram for ease of clarification if necessary) that describes:

* Incoming materials streams and their routing
* Equipment processing by activity and input material stream
* Personnel processes by activity and material production
* Outputs by type and destination including fines, MSW and other non-recyclables
* Markets and end-uses for each of the output products of the operation including the composition of the products.

**Section 5: Signatories**

Please review, complete, and have the appropriate persons enter their names as signatories to the following:

The Owner hereby represents and warrants to the Recycling Certification Institute ("Institute") as follows:

1. The information provided in the foregoing Application is true, complete and accurate;
2. Owner and Facility have made available to the Institute all of the information requested along with true, complete, and accurate copies of the current version of the documents requested in the foregoing Application;
3. Owner and Facility will make available for the Institute’s onsite review additional information as requested along with true, complete, and accurate copies of the current versions as identified in the foregoing Application;
4. The information provided regarding the identification of related third parties, including contact personnel at the markets through which Owner and Facility sell facility products, is true, complete and accurate;
5. The recycling data, mass balances and recycling rates provided in conjunction with the foregoing Application are free of material misstatements, including omissions; and,

In the past twelve (12) months:

* There have been no communications from any regulatory agencies concerning noncompliance with the regulations governing the operation of this Facility.
* There have been no irregularities involving management or employees who have a significant role in internal controls or that could have a material effect on the reporting of recycling rates by the Facility.

By entering my/our name/s below, I/we hereby certify as follows: (i) I/we have read and understand the foregoing Application and the Instructions for Application for Certification, (ii) the information I/we have provided is true, complete and accurate; (iii) I/we have read and understand the protocols developed by the Institute and are familiar with the requirements of the Institute. The undersigned corporate officer certifies that s/he is a duly elected, qualified, and acting officer of the Owner. Further, the applicant Owner agrees to be bound to the protocols of the Institute, a copy of which can be downloaded from the Institute’s website at [www.recyclingcertification.org](http://www.recyclingcertification.org) and are incorporated herein by reference.

Representations made by the undersigned on behalf of:

Owner

|  |  |
| --- | --- |
| Corporate Officer: |  |
| Title: |  |
| Date: |  |

Office or Department Manager

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Date: |  |