

Diversion Certification Request Form

Request for 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. Submit the completed form to the Construction Waste Management project in Green Halo during your final submission to the City of Orinda. Include photos of the materials. Staff will verify that these materials have been appropriately logged. An individual or contractor reusing materials on-site or at other sites may fill out both portions of the form as long as a description of the reuse is included. Staff will approve the 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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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: _____

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: _____
			% Recycled: _____ % Salvaged: _____ % Disposed: _____
			% Recycled: _____ % Salvaged: _____ % Disposed: _____
			% 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