



Public Works Department
COMMERCIAL RECYCLABLES DEALERS/COLLECTORS REGISTRATION FORM

This form is promulgated pursuant to Hillsborough County Code of Ordinances Chapter 130. Please send completed form with the administrative fee of \$50.00 to: Attention of Recycling Coordinator, Hillsborough County, Public Works Department, Contract Administration and Assistance, 332 N. Falkenburg Road, Tampa, FL 33619

OR send a current copy of the State of Florida's Recovered Materials Dealer Certification for your business.

- 1. Name of Business:
2. Location of Business: (Street, City, State, Zip Code)
3. Type of Business: Collection Processing Handling (receiving, purchasing, selling, using, recovering)
4. Mailing Address (if different):
5. Contact Person Name & Title:
6. Contact Person Telephone No.: 6. Fax No.:
7. Owners/General or Limited Partners/Corporate Officers and Directors\*:
8. Collection and Processing Information (please attach additional pages if necessary):

Source Separated Recyclables to be Collected/Handled

Processor(s) to be Utilized

Four horizontal lines for listing source separated recyclables to be collected/handled.

Four horizontal lines for listing processor(s) to be utilized.

9. Certification:

I hereby certify, to the best of my knowledge, that the Recyclables collected/handled under this registration will be recycled by way of a State-approved recycling process.

Signature of Authorized Representative Title Date

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_ 20\_\_

By Name of Person Type of Authority for Name of Business

Personally Known Produced Identification Type of Identification:

Signature of Notary Public Notary Public State of

My Commission Expires:

Print, Typed or Stamped Commissioned Name of Notary Public