YORK COUNTY SOLID WASTE AND REFUSE AUTHORITY

2027 REGISTRATION APPLICATION

PROCESSING OR MARKETING OF RECYCLABLE MATERIALS

BROKER OF RECYCLABLE MATERIALS

1. **GENERAL INFORMATION:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

2. **REQUEST FOR RULES/REGULATIONS and STANDARDS:**

As a registered Person, it is important that you have a copy of the Recyclable Materials Registration Rules/Regulations, and Standards. Please check the following block which applies to you. If you check that you need a copy of the Rules/Regulations and Standards, we will send you a copy when we mail your approved application. **You can also find our Rules/Regulations and Standards online at: https://www.ycswa.com/resources/resources-for-haulers-processors-brokers/**
Always retain a copy of the Registration Rules/Regulations and Standards.

☐ Send me a copy of the Registration Rules/Regulations and Standards.

☐ I have read the Registration Rules/Regulations and Standards on the YCSWA website.

3. **ASSOCIATED HAULING COMPANIES:**

Please list the hauling companies who use your brokering services that collect and transport York County generated Recyclable Materials. Attach additional pages if needed.

Company Name	Contact	Phone Number

(Over)

4. **ASSOCIATED PROSESSORS:**
Please list the disposal or processing sites who use your brokering services that receive York County generated Recyclable Materials. Attach additional pages if needed.

Company Name	Contact	Phone Number

5. **FEES:** **$0.00**

6. **CERTIFICATION:**
IT IS HEREBY CERTIFIED THAT:

A. THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND ACCURATE AND CONTAINS NO MATERIAL ERRORS OR OMISSIONS;

B. THE APPLICANT SHALL, AS A CONDITION OF THE CONTINUED EFFECTIVENESS OF ANY REGISTRATION ISSUED HEREUNDER, OPERATE ITS BUSINESS IN ACCORDANCE WITH THE REQUIREMENTS OF THE REGISTRATION, ANY APPLICABLE STATUTES, ORDINANCES, ORDERS, RULES AND REGULATIONS AND STANDARDS OF THE COMMONWEALTH, THE COUNTY, OR THE AUTHORITY, AND IN ACCORDANCE WITH ALL APPLICABLE PROVISIONS OF THE PLAN, ACT 101 AND FEDERAL LAW; AND

C. THE UNDERSIGNED IS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT

NAME: _____
(type or print applicants name)

SIGNATURE: _____ DATE: _____

THE AUTHORITY HAS 30 CALENDAR DAYS, AFTER RECEIPT OF APPLICATION, TO APPROVE OR DISAPPROVE THIS APPLICATION.

MAIL TO:
YORK COUNTY SOLID WASTE AUTHORITY
2700 BLACKBRIDGE ROAD
YORK, PENNSYLVANIA 17406

OR **EMAIL TO:**
wastemonitoring@ycswa.com

YCSWA use only
YCSWA REGISTRATION NUMBER: _____ DATE: _____

APPROVED BY: _____