CITY OF LOS ANGELES

CERTIFIED PROCESSOR--QUARTERLY DIVERSION REPORT

SECTION I. PROCESSOR INFORMATION

Reporting Period beginning: _____ ending:_____

1. Company/Corporate Name:_____
2. List all names under which firm operates in the City of Los Angeles (DBA)_____
3. Company Address: _____

   _____
4. Owner/President's Name:_____
5. Phone Number: _____Fax Number _____
6. E-mail Address: _____
7. Is your facility permitted by the California Integrated Waste Management Board?
   a. YES CIWMB Permit ID Number: _____
      Daily Permitted Handling Capacity: _____
      Average Daily Tonnage: _____
   b. NO
8. Los Angeles Business Tax Registration Certificate (BTRC) Number: _____

SECTION II. CERTIFICATION

I certify that the information provided on this form is true and correct. The City of Los Angeles has the right to audit the information provided on this form. Any changes to the information provided herein shall be the Processor's responsibility to submit to the City.

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

SECTION III. FACILITY INFORMATION

1. Facility Address:_____

   _____
2. Days and Hours of Operation: _____
3. Does your facility have a certified scale on site: ☐ YES ☐ NO
4. If Yes, when was the scale last certified (date): _____
5. Does your facility accept source separated materials: ☐ YES ☐ NO
6. Does your facility currently track incoming tonnage by hauler: ☐ YES ☐ NO
7. Does your facility currently track incoming tonnage by material type: ☐ YES ☐ NO
8. Description of any new equipment added to facility since last report: (Use additional sheet if needed) _____

_____

SECTION IV. CITY OF LOS ANGELES TONNAGE INFORMATION

1. Quantity of Construction and Demolition Waste accepted from City of Los Angeles locations (tons)_____
2. Quantity of Municipal Solid Waste accepted from City of Los Angeles locations (tons)_____
3. Quantity of material delivered to landfills reported as coming from City of Los Angeles. Use additional sheets if needed. (facility name / tons)

_____

_____

_____

Please submit quarterly certification report to: S R Citywide Recycling Division, 1149 S. Broadway 10th Floor, Los Angeles, CA-90015.

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Facility Name: _____ Reporting Period beginning: _____ ending:_____

SECTION V. INCOMING MATERIAL ACCEPTED AT THIS FACILITY

INCOMING CLEAN, SOURCE SEPARATED MATERIAL

Material Type	Quantity Accepted (Tons)	Material Type	Quantity Accepted (Tons)	Material Type List below, be specific.	Quantity Accepted (Tons)
Yard Waste		Dirt clean			
Wood Waste		Brick			
Lumber		Rock & Sand			
Drywall		Cardboard			
Metal		Plastic			
Asphalt and Concrete		Glass			
Concrete clean & separated		Aluminum cans			
Asphalt clean & separated		Paper			

INCOMING MIXED WASTE MATERIAL

Material Type	Quantity Accepted (Tons)
Construction and Demolition Waste Material	
Municipal Solid Waste	

SECTION VI. OUTGOING MATERIAL SHIPPED FROM THIS FACILITY

WASTE MATERIAL SENT TO TRANSFER STATIONS OR LANDFILLS

Landfill Or Transfer Station Name	Street Address - City - Phone Number	Quantity Shipped To This Location (Tons)

Continue list on separate sheet if more room is needed.

RECYCLED MATERIAL SENT TO RECYCLERS

Material (be specific)	Quantity Shipped To This Location (Tons)	Facility Name	Facility Street Address - City - Phone

Continue list on separate sheet if more room is needed.