

# Used Oil Payment Program Application Certification

## **El Dorado County**

Fiscal Year: 2014/15

Cycle: OPP5

## **Program Requirements Summary**

#### 1) Public Resources Code 48691(a)(1)(2)

Provides a combination of used oil curbside collection and Ensuring Certified Used Oil collection center are available.

#### 2) Public Resources Code 48691(b)

Our program has a public education component that informs the public of locally available used oil recycling opportunities.

3) Are you currently participating in mediation mandated by AB506, have attempted to initiate such mediation or have you declared a fiscal emergency within the last 12 months?

No

**Acceptance of Used Oil Payment Program Provisions** 

Applicant acknowledges that submittal of this application constitutes acceptance of all provisions as contained in the Used Oil Payment Program Guidelines. The Guidelines document is available at: <a href="http://www.calrecycle.ca.gov/UsedOil/LGPayments/">http://www.calrecycle.ca.gov/UsedOil/LGPayments/</a>

#### **Payment Information**

Payment Option: April Payment Requested: Standard payment request

Payment Address: Community Development Agency, 2850 Fairlane Ct, Placerville, CA 95667

Contact Type	Name		Title	
Primary	lichael Tilley		Supervising Waste Specialist	
Secondary	arbara Houghton		Environmental Health Manager	
Signatory Authority	teve Pedretti		Director	
Document Type	Date*	Title		
Resolution	6/4/2014	Oil Paymen	Oil Payment Program Resolution	
Application Certification		Pending Up	Pending Upload	
Letter of Designation (LOD	))	Pending Up	Pending Upload	

<sup>\*</sup> Document Due Date: 07/31/2014

Participant Jurisdiction	Document Type	Date
City of Placerville	Letter of Authorization/Resolution	06/04/2014
City of South Lake Tahoe	Letter of Authorization/Resolution	06/04/2014

## **Penalty of Perjury Statement:**

"I certify under penalty of perjury, under the laws of the State of California that I am authorized to sign this application on behalf of Applicant, that I have read the Used Oil Payment Guidelines and that to the best of my knowledge and belief that information provided in this Application is true and correct."

× Ster M. Poslath. 6/6/14

Signature of Signature Authority (as authorized in Resolution) or Authorized Designee (as authorized in Letter of Designation)

Director, Comm. Devel. Agoney

Print Name

Print Title

IMPORTANT! Applicant must print out this page, obtain Signature of Signature Authority, upload signed document to the LoGOPP system, and retain the original document in Applicant's cycle file.

El Dorado County

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