

# Used Oil Payment Program Application Certification

# El Dorado County Fiscal Year: 2019-20

Cvcle: OPP10

**Program Requirements Summary** 

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

Ensures there is one Certified Used Oil Collection Center for every 100,000 residents.

# 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: County of El Dorado Environmental Management Depar , 2850 Fairlane Ct, Bldg. C, Placerville , CA 95667

Contact Type	Name	Title	
Consultant	Joline Davison	Hazardous Materials/Recycling Tech	
Primary	Mark Moss	Manager	
Secondary	Aron Faria	Supervising Waste Specialist	
Signatory Authority	Greg Stanton	Director	
Document Type	Date*	Title	
Resolution	7/18/2019	Resolution	
Application Certification		Pending Upload	
Letter of Designation (LOD)		Pending Upload	

\* Document Due Date: 07/30/2019

Participant Jurisdiction	Document Type	Date	
City of Placerville	Letter of Authorization/Resolution	07/18/2019	
City of South Lake Tahoe	Letter of Authorization/Resolution	07/18/2019	

# **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."

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Date

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

**Print Name** 

**Print Title** 

El Dorado County

Printed: 7/18/2019