

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Application for Recycling Registration Program

Solid Waste Management Program Fairfax County, Virginia

Section 1 – Applicant Information

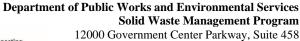
1. Name of Business:			
2. Type (single proprietor, partnership, corporation, other):			
3. Owner Name:			
4. Business Contact Name:			
5. Virginia State Corporation Commission ID # (if applicable):			
6. Business Address:			
7. E-mail Address:			
8. Business Telephone Number:			
Section 2 – Material Recycled			

Please give us a complete list of the types of materials your business collects (or receives) for recycling:

Material	Quantity Anticipated –	Where will materials be delivered –
	LBS/Tons	MRF, Interm Processor







vernment Center Parkway, Suite 458 Fairfax, Virginia 22035

Phone: 703-324-5230, TTY: 711, Fax: 703-324-3950 www.fairfaxcounty.gov/dpwes



$\underline{Section~3-Description~of~Service}$

9. Type of Services Provided (List all that Apply: Residential, Non-Residential, Special Events):			
Vehicles Used for Collection:			
10. Please describe the type of vehicle(s) used for collection and any special features added for the collection of organic material. Also, please attach a SEPARATE list of vehicles your company uses for collection, including model and body capacity/style OR attach photos and/or separate document describing vehicles.			
Composting Facility(s):			
11. Is the material collected from customers composted onsite, taken elsewhere, or both, and provided addresses:			
For each service listed below, please provide the following information:			
Residential Service:			
12. Type(s) of container(s) provided (size in gallons):			
13. Frequency of Collection:			
14. Are containers swapped out at each pickup?			
15. Are bags/liners provided to customers?			
Non-Residential Service:			
We realize commercial service requirements depend on the needs of the customer. Please give us an estimate of the frequency of collection of various containers and dumpsters used in non-residential service. 16. Type(s) of carts(s) provided (size in gallons):			

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17. Frequency of Collectio	n:			
18. Type(s) of dumpsters(s) provided (size in yards):			
19. Are containers swappe	d out at each pickup?			
Special Events:				
	des services for special events, please tels provided, and any other important info	• • •		
Section 4 – Customer Information Provide the names of the businesses you receive materials from in Fairfax County, attach pages if needed				
Business Name	Address (include Zip Code)	Contact		
22. Type of Service Contra	acts/Subscription/Arrangements Your Bu	isiness Offers (list all that apply):		

Section 5 – Authorized Signature

23. The information provided herein is accurate to the best of my k	knowledge. I am authorized to make this				
request. In making this request, I also commit to preventing any public health, odor, or nuisance issues and					
report any complaints to the County.					
Signature	Date				

Please return this completed form to: Recycling Registration Pilot Program / Solid Waste Management Program 12000 Government Center Parkway, Suite 458, Fairfax, VA 22035, Fax to 703-324-3950, or Email to Lainie.Cooke@FairfaxCounty.gov. If you need assistance completing this form, or if you need more information, please call 703-324-5230, TTY 711.