

# Class I Composting Facility Registration Application and Update Form



Registration Category (Check one) <input type="checkbox"/> New/Initial Application (location never registered) <input type="checkbox"/> Change of ownership or update/correction of current registration information			
Business Name		<b>For Department Use Only SW</b>	
Other Business Names (DBAs)		County Business Resides In	
Street Address	City	State (xx)	Zip Code
Mailing Address (if same above, check box) <input type="checkbox"/>	City	State (xx)	Zip Code
Business Phone No.	Business E-mail Address		
Business Owner (First, Middle Initial, Last)		Owner Business Phone No. (xxx-xxx-xxxx)	
Business Operator (First, Middle Initial, Last)		Manager Business Phone No. (xxx-xxx-xxxx)	
Emergency Contact (First, Middle Initial, Last)		Contact Business Phone No. (xxx-xxx-xxxx)	
Contact E-mail Address			
Class I Facility Description: Type 1 Feedstock only <input type="checkbox"/> Institution/Business Importing Compatible Materials <input type="checkbox"/>			
Agricultural Importing Compatible Materials <input type="checkbox"/>			
Maximum Facility Capacity (in cubic yards):			
Feedstock type generated onsite:			
Feedstocks imported:			
Composting Plan onsite:			
Closure Plan Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Financial Assurance Documentation Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attached documentation showing approval to operate a composting facility from your local governing authority? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you are completing this application by hand, fill out this application, make a copy for your files and then mail the original completed form to the address below:

**Solid Waste & Materials Management Program**  
**c/o Composting Facility Registration**  
**Colorado Department of Public Health and Environment**  
**HMWMD-B2**  
**4300 Cherry Creek Drive South**  
**Denver, CO 80246-1530**

I certify that the information on this application is, to the best of my knowledge, true, accurate, and complete in all respects, that the business has been approved by the local government for waste tire activities at the above mentioned address, and that I am authorized to complete this application on behalf of this facility.

\_\_\_\_\_  
 Facility Representative Signature (if completion by hand)

\_\_\_\_\_  
 Name (type or print) Date (mm/dy/yy)

**For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.**