COLORADO
Department of Public Health & Environment

RECYCLING FACILITY INITIAL REGISTRATION FORM

Section I. Facility Contact Information:

Facility Name: _____

Business/ Corporate Name (if different than above): _____

Facility Street Address: _____ County: _____
City or Town: _____ State: ____ Zip Code: _____
Mailing Address: _____ County: _____
City or Town: _____ State: ____ Zip Code: _____

Facility Operator Name: _____
Telephone: _____
Email: _____

Facility Owner Name: _____
Telephone: _____
Email: _____

Section II. Property Owner Information (Complete if different than above):

Owner's Name: _____
Owner Address: _____
City or Town: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Section III. 24-Hour Facility Emergency Contact Information:

Name: _____
Telephone: _____
Email Address: _____

Section IV. Facility Classification

List the specific types of recyclable materials accepted at the facility: (ex. cardboard, glass, electronics, green waste)

_____

Submitted by: _____ **Date:** _____

INSTRUCTIONS: Complete all sections of the form. This form is required for all recycling facilities subject to Section 8 of the Regulations Pertaining to Solid Waste Sites and Facilities 6 CCR 1007-2, Part 1 and §30-20-102(5) C.R.S.

Send completed form to:

cdphe.hmrecycling@state.co.us or

Colorado Department of Public Health and Environment
Materials Management Unit
HMWMD-SW-B2
4300 Cherry Creek Dr. South
Denver, CO 80246-1530

If you have questions regarding this form, please contact the Materials Management Unit at 303-692-3337.