## CERTIFICATE OF RECYCLING/DEMANUFACTURING



RECD. MAY 12 2010

The participating certified recycler or haul-away provider is responsible for removal and legal disposal of all replaced refrigerators, clothes washers and room air conditioners. All refrigerators, clothes washers and room air conditioners must be dismantled in order to prevent reuse. Parts may not be sold or distributed for reuse.

All refrigerators, clothes washers and room air conditioners must be sent to a shredding or baling facility for final destruction and recycling of materials. Please sign and date where indicated. By signing this Certificate, the certified recycler or haul-away provider agrees to abide by all federal, California and local laws and regulations concerning the safe and environmentally correct recycling/demanufacturing of appliances.

Include this form with your complete application packet and mail to: California Cash for Appliances, PO Box 12150, La Crescenta, CA, 91224 For more information, please call: 1–888–390–4034

For more information, please Call	: 1~000-390-4034		÷		
APPLIANCE RECEIV	ER / RECYCLER INF	ORMATION			
Please check the appropriate box retailer as part of a haul-away pro				cycler (directly), by a	
☐ Direct to recycling facility	🔲 Retailer Haul	l-away program	☐ Utility haul-awa	Utility haul-away program	
Name of Recycler / Retailer / Utility			Recycler's / Haul-aw Certified Appliance I	•	
Address			Date of Delivery / Ha	ul-away	
City	State	ZIP	Phone		
Unit Was: Dropped of	off by customer	ed up from residence			
RESIDENTIAL CUST	OMER INFORMATI	ON			
			-		
First Name	Last Name		Home Phone	Home Phone	
Address			Mobile Phone (optio	Mobile Phone (optional)	
	CA				
City	State	ZIP	ZIP E-mail		
APPLIANCE INFORM	MATION				
If you are receiving multiple appl appropriate box indicating the ar		• •	l appliance to be recycled. F	lease check the	
☐ Clothes Washer ☐ R	efrigerator 🔲 Roo	m Air Conditioner or	Evaporative Cooler		
grand/Make		Approximate Age	Approximate Age (years)		
Model Number		Serial Number (if	Serial Number (if visible)		
The undersigned, under penalty of the above appliance was transfer California, and local laws and regi	red from the Residential Custon				
Appliance Receiver/Recycler Name		Name/Title (plea	se print)	09-OII-1	
Date	<del></del>	Signature		DATE	