



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

Department of Public Works and Environmental Services
Solid Waste Management Program

12000 Government Center Parkway, Suite 458
Fairfax, Virginia 22035

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



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): _____

17. Frequency of Collection: _____

18. Type(s) of dumpsters(s) provided (size in yards): _____

19. Are containers swapped out at each pickup? _____

20. Are containers rinsed? _____

Special Events:

21. If your company provides services for special events, please tell us more about (1) type of vehicle(s) used, (2) type of containers provided, and any other important information, below OR on a separate page.

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 Contracts/Subscription/Arrangements Your Business Offers (list all that apply):

Section 5 – Authorized Signature

23. The information provided herein is accurate to the best of my 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.