



YORK COUNTY SOLID WASTE AND REFUSE AUTHORITY

2025 REGISTRATION APPLICATION

for the PROCESSING or MARKETING of

RECYCLABLE MATERIALS

(PART II of the RULES and REGULATIONS)

1. COMPANY INFORMATION:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

E-MAIL ADDRESS : _____

2. AUTHORIZATION TO RELEASE COMPANY INFORMATION:

The YCSWA occasionally receives requests from companies, municipalities or individuals for information with respect to Registered waste haulers in York County. By checking the following box you are authorizing the YCSWA to release any information found in Sections 1 of this application. Leave blank if you do not wish to release this information.

☐ I authorize the York County Solid Waste Authority to release the information as described above.

3. REQUEST FOR RULES/REGULATIONS and STANDARDS:

IMPORTANT: There are two ways you can get a copy of the Municipal Waste Collection and Transportation Registration Rules/Regulations and Standards. Please check the following block which applies to you. **If you check that you need a copy of the Rules/Regulations and Standards, we will send you a copy when we mail your registration certificate. You can also find our Registration Rules/Regulations and Standards online at: <https://www.ycswa.com/resources/resources-for-haulers-processors-brokers/>** Always retain a copy of Rules/Regulations and Standards.

☐ Send me a copy of the Registration Rules/Regulations and Standards.

☐ I have read the Registration Rules/Regulations and Standards on the YCSWA website.

4. FACILITY PROCESSING OR MARKETING:

A. Check in the following section the type of materials your facility has processed or marketed in the past year.

<input type="checkbox"/> Clear Glass	<input type="checkbox"/> Plastic PET (1)
<input type="checkbox"/> Colored Glass	<input type="checkbox"/> Plastic HDPE (2)
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Leaf Waste *
<input type="checkbox"/> Steel & Bimetallic Cans	<input type="checkbox"/> Yard Waste **
<input type="checkbox"/> Office Paper	Others (Please specify)
<input type="checkbox"/> Newsprint	_____
<input type="checkbox"/> Corrugated Paper	_____
<input type="checkbox"/> White Goods	_____

* Leaf Waste - Waste that is primarily leaves but does not include yard waste.

** Yard Waste - Waste that is primarily garden residue, shrubbery and tree trimmings, grass clippings, and other woody debris, but not including leaf waste.

B. List any additional Recyclable Materials your facility plans to process or market in the next year which have not been indicated in section 2.A.

C. Of the Recyclable Materials that you presently process or market are there any you plan on eliminating within the next year? Please list them below.

5. PROCESSING CAPACITY:

Indicate your facility's potential processing capacity for each Recyclable Material that you identified in Sections 2A and 2B of this application (place an "X" beside all Recyclable Materials which apply).

<i>Tons/Year</i>	<i> </i>	<i>X</i>	<i>Tons/Year</i>	<i> </i>	<i>X</i>
_____		<input type="checkbox"/> Clear Glass	_____		<input type="checkbox"/> Plastic PET (1)
_____		<input type="checkbox"/> Colored Glass	_____		<input type="checkbox"/> Plastic HDPE (2)
_____		<input type="checkbox"/> Aluminum	_____		<input type="checkbox"/> Leaf Waste *
_____		<input type="checkbox"/> Steel & Bimetallic Cans	_____		<input type="checkbox"/> Yard Waste **
_____		<input type="checkbox"/> Office Paper	Others (Please specify)		
_____		<input type="checkbox"/> Newsprint	_____		_____
_____		<input type="checkbox"/> Corrugated Paper	_____		_____
_____		<input type="checkbox"/> White Goods	_____		_____

6. FEES: \$0.00

7. CERTIFICATION:
IT IS HEREBY CERTIFIED THAT:

- A. THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND ACCURATE AND CONTAINS NO MATERIAL ERRORS OR OMISSIONS;
- B. THE APPLICANT SHALL, AS A CONDITION OF THE CONTINUED EFFECTIVENESS OF ANY REGISTRATION ISSUED HEREUNDER, OPERATE ITS BUSINESS IN ACCORDANCE WITH THE REQUIREMENTS OF THE REGISTRATION, ANY APPLICABLE STATUTES, ORDINANCES, ORDERS, RULES AND REGULATIONS AND STANDARDS OF THE COMMONWEALTH, THE COUNTY, OR THE AUTHORITY, AND IN ACCORDANCE WITH ALL APPLICABLE PROVISIONS OF THE PLAN, ACT 101 AND FEDERAL LAW; AND
- C. EXECUTION OF THIS APPLICATION FOR A REGISTRATION HAS BEEN DULY AUTHORIZED, AND UPON ISSUANCE OF A REGISTRATION PURSUANT HERETO, THE REGISTRATIONS SHALL BE OBLIGATED TO COMPLY WITH THE TERMS AND CONDITIONS OF SAID REGISTRATION, THE RULES AND REGULATIONS AND STANDARDS PROMULGATED THEREUNDER, THE PLAN, THE ORDINANCE AND ACT 101.

NAME: _____
(type or print)

SIGNATURE: _____

DATE: _____

THE AUTHORITY HAS 30 CALENDAR DAYS, AFTER RECEIPT OF APPLICATION, TO APPROVE OR DISAPPROVE THIS APPLICATION.

Mail To: York County Solid Waste Authority
2700 Blackbridge Rd.
York, PA 17406

Email: wastemonitoring@ycswa.com

<p style="text-align: center;">AUTHORITY USE ONLY</p> <p>Registration #: _____</p> <p>Approved By: _____</p>
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