



**BEVERAGE MANUFACTURER/DISTRIBUTOR
WEB PORTAL ACCESS REQUEST FORM**



General Instructions for completing the Portal Access Request Form:

- Please complete *one form per employee* you are requesting to have access to the DORIIS website.
- Form must be signed by both the Authorized Person and the Responsible Party.
- Make and retain a copy for your records.
- **Mail the completed original form to:**
 Department of Resources Recycling and Recovery
 Permits and Certification Branch, Industry Services Section
 801 K Street, MS 17-01
 Sacramento, CA 95814-3533

ITEM 1: Employee Information

Name: Enter the last name and first name of the employee for whom you are requesting access.

Email Address: Enter the email address of the employee.

Company Name: Enter the company name.

Company Address: Enter the street, city and ZIP Code of location where employee conducts business activities.

Work Phone/Fax: Enter work and fax number.

ITEM 2: Submit Reports for Account (s)

Registration ID: Enter registration ID for each account you would like to grant the employee the ability to prepare Beverage Manufacturer or Distributor Reports and make payments.

ITEM 3: Deactivate Prior Employee Access

Employee Name: Enter the name of the employee that has left the company, or should no longer have access.

Email Address: Enter the email address of the employee.

*** This email address will be deactivated for **all** associated accounts. Please contact your account representative if this employee should be deactivated from only a limited number of accounts ****

ITEM 4: Declaration & Signatures

Authorized Person: Signature, printed name and date of the employee for whom this Portal Access Request Form is being completed.

Responsible Party: Signature, printed name, and title of certificate holder, registrant, officer, director, managing employee, primary contact, or other person in authority.



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DORIIS Access Terms and Conditions of Use

To obtain access to the DORIIS portal you must agree to the following terms and conditions:

The Department of Resources Recycling and Recovery (CalRecycle) web portal (DORIIS) and computer systems are for legal and authorized use only. Unauthorized access, attempted access, or use of this system is a violation of Section 502 of the California Penal Code and/or other applicable state and federal laws, and may be subject to prosecution. Individuals using this system without authority, or in excess of their authority, are subject to having their activities on the site monitored and recorded beyond routine levels.

When you log into our secure services on DORIIS, you are acknowledging that you have read, understand and accept our Conditions of Use and Privacy Policy, and that you are an authorized user of the account services. When accessing the system, you agree to use only your own username and password.

You are responsible for protecting the confidentiality and use of your password. You are responsible for all access to, use of, and information entered into the DORIIS web portal under your account, and any information so received by CalRecycle will be deemed to have been received from you. You agree to immediately notify CalRecycle, and to cooperate with CalRecycle, in addressing, (1) any loss or theft of your password or (2) any unauthorized use of your password or the DORIIS portal.

CalRecycle has no obligation or liability resulting from any cause beyond its reasonable control, including but not limited to: failure of electronic or mechanical equipment or communication lines; failure or unavailability of Internet access; or unauthorized access, theft, or operator errors. CalRecycle is not responsible for any damage to your computer, software, modem, telephone, or other property resulting from your use of the DORIIS portal.

A responsible party shall immediately notify CalRecycle to remove an authorized person's password from the account when the person's access to the DORIIS portal is to be terminated.

If there is a conflict between the information provided on the DORIIS portal and the California Beverage Container Recycling and Litter Reduction Act, any decisions by CalRecycle will be based on the law and not the information on the web portal.



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ITEM 1: EMPLOYEE INFORMATION

Name: _____
Last
First

Company Name: _____ Email Address: _____

Company Address: _____
Street
City
ZIP Code

Work Phone: () _____ Fax: () _____

ITEM 2: SUBMIT REPORTS AND PAYMENTS FOR ACCOUNT(S)

LIST ACCOUNT ID#S

BEVERAGE MANUFACTURER (BM) ID#	DISTRIBUTOR (DS) ID#
(EXAMPLE) BM 9999	(EXAMPLE) DS 9999

ITEM 3: DEACTIVATE PRIOR EMPLOYEE ACCESS

Name: _____

Email Address: _____ Deactivates email address from ALL accounts.

ITEM 4: DECLARATION AND SIGNATURES

By signing and submitting this form, I certify that I have read, understand, and accept the DORIIS Access Terms and Conditions of Use printed on this form.

I declare under penalty of perjury under the laws of the State of California that all the information on this request form is true and correct.

Authorized User: _____
(Signature)
(Printed Name/Title)
(Date)

By signing and submitting this form, I certify that I have read, understand, and accept the DORIIS Access Terms and Conditions of Use printed on this form.

As a responsible party, I authorize this person to access the web portal account of the above-named entity and acknowledge that I am responsible for all use of the DORIIS portal and electronic submissions made by this person.

I declare under penalty of perjury under the laws of the State of California that all the information on this request form is true and correct, that I represent the above-named entity, and I am duly authorized to sign this request.

Responsible Party: _____
(Signature)
(Printed Name/Title)
(Date)

_____ (Email address) _____ (Contact Phone Number)

Mail Completed Form to:

Department of Resources Recycling and Recovery
 Permits and Certification Branch
 Industry Services Section
 801 K Street, MS 17-01
 Sacramento, CA 95814-3533

For State Use Only:

Receipt Date:	Person Registry ID #:		QC Complete Date:
Reviewed by Initials:	Company Registry ID #:		Organization Contact ID #:
Sent to Operations Date:	Representative:		
DORIIS Account Created Date:	Username/Password sent Date:		