



UNIFORM HANDLING SELF-HAUL EXEMPTION APPLICATION

July 1, 2023 - June 30, 2024

23-24

APPLICATION FOR SELF-HAUL EXEMPTION FROM RESIDENTIAL UNIFORM HANDLING IN SAN BERNARDINO COUNTY

Self-hauling of waste refers to the owner or resident utilizing their personal equipment or vehicle to transport source separated waste away from the property. Self-hauling does not include the act of employing (or paying) someone else to remove waste from the premises.

I, the owner, or resident for the address listed below, hereby declare that I am requesting an exemption from the residential uniform handling requirements. In signing and submitting this application, I understand that I am **required** to do the following:

- Certify that the address below is not permitted to be a Short-Term Residential Rental Unit
- Understand that if a Short-Term Residential Rental Unit Permit is obtained after the approval of the Uniform Handling Exemption, the exemption will be revoked
- Pay a non-refundable application processing fee of \$15
- Pay \$85.14 to obtain a prepaid Disposal Use Permit (unless already paid through property taxes)
- Separate all **Recyclables** and **Green Waste** from other waste, then have it recycled and processed
- Remove all **Solid Waste** produced or accumulated on or about my property at least once every seven (7) days
- Certify that all waste from my premises will be properly handled and disposed of as required
- Understand that any complaints from my neighbors regarding the storage of trash on my property may be inspected by County Code Enforcement Officers to ensure proper storage
- Understand that any exemptions granted to me are conditional and may be revoked at any time
- Understand that in order to avoid having containers delivered by the waste hauler, I must complete, sign, and submit the Uniform Handling Self-Haul Exemption application along with all necessary fees before **June 1, 2023**. If containers are delivered, I may be subject to a container removal fee
- Understand that I am **Required** to source-separate all **Solid Waste**, **Recycling**, and **Green Waste**, and that I **MUST dispose of, recycle, and process** these materials by utilizing one of the following options:

Option 1: Source separated **Solid Waste, Recycling, and Green Waste MUST** be taken to one of the four San Bernardino County approved source-separated transfer stations that accept and process source-separated **Solid Waste, Recycling, and Green Waste** (see the list on the back page for locations). One receipt will be provided to me for each visit to these approved source-separated transfer stations (individual receipts for each waste stream are not required with this option). I will need to **retain** all receipts as required to receive an exemption for the next fiscal year. (Only one receipt per week will be accepted towards the requirements)

Option 2: Source separated **Solid Waste, Recycling, and Green Waste** that is **NOT** taken to a San Bernardino County approved source separated transfer station **MUST** be taken to a San Bernardino County owned NON-source separated landfill or transfer station for **Solid Waste**, a recycling processing facility for **Recyclables**, and an organic/green waste processing facility for **Green Waste**. I will obtain **one receipt for each waste stream during each visit** and will need to **retain** all receipts as required to receive an exemption for the next fiscal year. (Only one receipt per waste stream per week will be accepted towards the requirements)

By signing this application, I certify that I have read and fully understand the above statements, and that I am requesting exemption from residential trash service in San Bernardino County in compliance with all applicable codes and ordinances.

Signature:		Date:			
Assessor's Parcel Number (APN):					
Name, Address of property for which the exemption is requested:					
First Name	Last Name	Address	City	Zip Code	
Mailing address and telephone number of the person requesting exemption:					
Telephone #	Address		City	Zip Code	
Property Owner's Name and Mailing Address (if different):					
First Name	Last Name	Address	City	Zip Code	

YOU MUST COMPLETE AND SIGN ABOVE IN ORDER TO RECEIVE THE UNIFORM HANDLING EXEMPTION

PLEASE SEE BACK PAGE FOR REQUIREMENTS



Requirements:

To be eligible for the Uniform Handling Exemption for the period of July 1, 2023, through June 30, 2024, you must submit:

- A completed and signed Uniform Handling Self-Haul Exemption Application
- \$15 non-refundable application processing fee
- \$85.14 for pre-paid Disposal Use Permit (unless already paid through property taxes)

The Uniform Handling Exemption is only effective from July 1, 2023, through June 30, 2024, and it is the responsibility of the resident to obtain an application for the Uniform Handling Exemption and reapply each year. **Please see enclosed letter for program qualification changes for fiscal year 24/25.**

San Bernardino County Approved Source Separated Transfer Stations

- **Big Bear Transfer Station**
38550 Holcomb Valley Rd
Lucerne Valley, CA 92356
- **Phelan (Sheep Creek) Transfer Station**
10130 Buckwheat Rd
Phelan, CA 92371
- **Heaps Peak Transfer Station**
29898 State Highway 18
Running Springs, CA 92382
- **Twentynine Palms Transfer Station**
7501 Pinto Mountain Rd
Twentynine Palms, CA 92277

For assistance in locating the nearest San Bernardino County NON-source separated landfill or transfer station, please visit our website at <https://dpw.sbcounty.gov/solid-waste-management/waste-disposal-sites>.

For more information about the "Uniform Handling Self-Haul Exemption" program, please contact us at (909) 386-8701 or visit our website at <https://dpw.sbcounty.gov/swmdexemptions>.

Make checks or money orders payable to: County of San Bernardino-SWMD

Mail Payment and the Completed Application to:

County of San Bernardino
Solid Waste Management Division
Attention: Uniform Handling Exemptions
222 W. Hospitality Lane, 2nd Floor
San Bernardino, CA 92415-0017

OFFICE USE ONLY		
RECEIPT # _____	CHECK # _____	AMOUNT \$ _____
EXEMPTION HAULER DATE: _____		
EXEMPTION EFFECTIVE DATE: _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
SHORT TERM RENTAL PERMIT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NOT APPROVED, PLEASE EXPLAIN: _____ _____		
EXEMPTION QUALIFICATION	<input type="checkbox"/> RECEIPT PROGRAM	<input type="checkbox"/> OTHER
IF OTHER, PLEASE EXPLAIN: _____ _____		