



Prince George's County  
**DEPARTMENT OF THE ENVIRONMENT**



**ON-PREMISES TRASH AND RECYCLING CERTIFICATION FORM**

**Please read before completing this form.** Residents who reside in an area where County-provided trash and/or recycling collection occurs who requests on-premises trash and recycling collection service must complete this form, in its entirety, provide a doctor's note and mail the information to our office for review. Residents will then be contacted by a County representative to schedule a date and time for an on-site visit to ensure submitted criteria meets the requirements and to determine location of trash and recycling containers for collection service. Once all criteria have been verified and container location approved, the applicant will receive a confirmation e-mail or letter stating approval and start date. **On-premises recipients will be required to resubmit this form biennially (once every 2 years) - at least one (1) month prior to the expiration date. Failure to submit the recertification form can result in a resident being removed from on-premises services.**

**Effective July 21, 2025, to be eligible for this service, the following criteria must be met:**

- There can be no other persons, who are physically capable of placing carts out at curbside, living on the property.
- A physician's note\* indicating you are immobile and unable to move your trash and or recycling cart to the curb. The physician's note must be submitted with this form.
- Carts must be visible from the road (i.e., front door or side door - location to be determined by the County Inspector).

**\*Failure to provide the required physician's note will result in the application being deemed insufficient and on-premises service will be denied or delayed until the physician's note is provided.**

**PERSONAL & HOUSEHOLD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Street Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License or State ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type Of Certification: ☐ Recertification ☐ New

Do You Currently Have County-Issued Containers: ☐ Yes ☐ No

If Yes, Provide Serial Number(s): Trash: \_\_\_\_\_ Recycle: \_\_\_\_\_

**Name(s) and Age(s) of any persons (other than applicant) residing at this address:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

☐ I am attaching the physicians note/document(s) as proof of my physical limitation.

By typing / signing below, I certify that I occupy the property address listed above and that I have a physical limitation that does not allow me to place trash or recycling carts at the curb for service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type or Sign Full Name Above)

Completed Forms can be mailed to:

Resource Recovery Division: **Collection Section 3001 Brown Station Rd, Upper Marlboro, MD 20772**

**FOR STAFF USE:**

REVIEW COMPLETED BY: \_\_\_\_\_

ON: \_\_\_\_\_

SERVICE AREA: \_\_\_\_\_

CONTAINER(S) LOCATION: ☐ FRONT ☐ SIDE

☐ APPROVED ☐ DENIED EXPIRATION DATE: \_\_\_\_\_

IF DENIED, PROVIDE REASON:

☐ NO PHYSICIAN NOTE

☐ OTHER PERSON(S) LIVING AT ADDRESS

☐ OTHER: \_\_\_\_\_