

STATE OF HAWAII DEPARTMENT OF HEALTH
 Deposit Beverage Container Program
 Commercial Passenger Vessel Exemption Form



Instructions: Read this form carefully and provide the information requested. Submit your completed form to the State of Hawaii Department of Health, Solid and Hazardous Waste Branch, Deposit Beverage Container Program, 2827 Waimano Home Road #100, Pearl City, HI 96782.

The commercial passenger vessel exemption form must clearly state a recycling plan to qualify for an exemption. All deposit beverage containers purchased in the State of Hawaii that are intended for use and consumption on a commercial passenger vessel must be captured in a recycling plan. For assistance in developing your recycling plan and implementation measures please contact the Deposit Beverage Container Program office at (808) 586-4226.

Hawaii Revised Statutes (HRS) §342G-101.5:

Commercial passenger vessels; exemption. a) Notwithstanding any other provision of this part, this part shall not apply to a deposit beverage container that is sold or delivered to an entity operating a commercial passenger vessel when the deposit beverage container is intended for use and consumption on the commercial passenger vessel. The entity operating the commercial passenger vessel shall be exempt from this part only if it has a deposit beverage container recycling plan prescribed or approved by the department.
(b) Recycling plans shall be submitted to the department and shall include the name and address of the recycling facility that is accepting the empty deposit beverage containers.
(c) Deposit beverage containers covered under this exemption shall not be redeemed for the refund value or handling fee.

Company Name _____

Vessel Name(s) (cruise ships only) _____

1) Does your company purchase deposit beverage containers from a Hawaii distributor?

Yes No

a. If "yes", please list all the names of Hawaii distributors below.

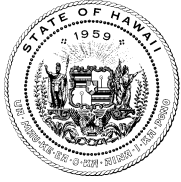
_____	_____
_____	_____
_____	_____

2) Indicate the locations beverages are purchased and offloaded (check all that apply):

Purchased – Offloaded

- | | |
|---|--|
| <input type="checkbox"/> Hawaii - Hawaii | <input type="checkbox"/> U.S. Mainland - Hawaii |
| <input type="checkbox"/> Hawaii - U.S. Mainland | <input type="checkbox"/> Foreign Country - Hawaii |
| <input type="checkbox"/> Hawaii - Foreign Country | <input type="checkbox"/> Foreign Country or U.S. Mainland – Foreign Country or U.S. Mainland |

3) Please attach contact information (point of contact, email and phone) for **all foreign and domestic** companies responsible for offloading deposit beverage containers at **each airport/port**.



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4) Provide an approximation of the weight of deposit beverage containers that are discarded, cumulatively, for all Hawaiian island locations by your company per week. Indicate the company accepting the discarded material.

<u>Material Type</u>	<u>Approximate Amount</u>	<u>Designated Recycling Facility Contact Info</u>
Aluminum	_____ pounds/week	_____
Glass	_____ pounds/week	_____
Plastic	_____ pounds/week	_____
Bi-metal	_____ pounds/week	_____

6) Indicate which Hawaiian island(s) your company offloads deposit beverage container material and your company's designated personnel responsible for recycling and ensuring compliance with HRS Chapter 342G-101.5:

<u>Location(s)</u>	<u>Designee</u>	<u>Phone number</u>	<u>Hawaii office address</u>
Oahu	_____	(808) _____	_____
Hawaii	_____	(808) _____	_____
Maui	_____	(808) _____	_____
Kauai	_____	(808) _____	_____
Molokai	_____	(808) _____	_____
Lanai	_____	(808) _____	_____

7) Please provide the contact information for all Hawaii-based service providers contracted by your company to cater and/or direct deposit beverage container material to a recycling facility.

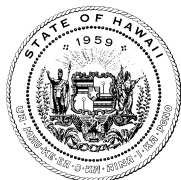
<u>Service Provider/Caterer</u>	<u>Contact</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

No Hawaii-based catering or recycling service providers are contracted by your company.

8) Do the Hawaii facilities designated to accept Deposit Beverage Containers from your company understand such material shall not be redeemed for the Hawaii refund value or handling fee?

Yes No

9) Please attach a statement describing your company's procedures for collecting, handling and ultimately recycling of any/all deposit beverage containers for both foreign and domestic material offloaded in Hawaii.



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I, _____, certify that the information provided above is current and correct. Should I find, after submission of these responses, that any part is incomplete, false, or misrepresents the truth, I will notify the DBC Program as soon as possible. If at any time, the information above changes, I will notify the DBC Program and submit a new exemption form.

Date	_____	Name	_____
Phone number	_____	Title	_____
Email Address	_____	Signature	_____
Mailing Address	_____		

Submit your completed form to:

*Hawaii Department of Health
Solid & Hazardous Waste Branch
Deposit Beverage Container Program
2827 Waimano Home Road #100
Pearl City, HI 96782*