Clear Form

State of Hawaii
Department of Health
2827 Waimano Home Road #100
Pearl City, Hawaii 96782
Phone: (808) 586-4226
Fax: (808) 586-7509
Web: http://health.hawaii.gov/hi5/

Hawaii Deposit Beverage Container Program

Registered Distributor Product List

For use by businesses who manufacture, import and/or distribute deposit beverage containers.

Business Name: _____ Date: _____

Mailing Address: _____ (Street Address or P.O. Box) _____ (City) _____ (State) _____ (Zip)

Contact Person: _____ (Name) _____ (Phone) _____ (Email)

List each deposit beverage that your company distributes for sale within the State of Hawaii. Indicate the container type, container size (0-68 fluid ounces) and unit of sale for each item listed.

(For each distributor/manufacturer that your company purchases the beverages from, list, the name of the distributor/manufacturer on one line and list the products below.)

Deposit Beverage Product Name	**Container Type** (check one)				**Container Size** (ounces/liters and fractions thereof)	**Package Size**	
	Aluminum	Plastic	Glass	Bi-Metal		Individual	Pack/Case

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If you have questions about this form, please call the Solid & Hazardous Waste Branch at (808) 586-4226.

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	Aluminum	Plastic	Glass	Bi-Metal		Individual	Pack/Case