



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

DECLARATION OF EXEMPT FILING STATUS

Company Name: _____
Address: _____
Contact Person: _____
Phone/Fax: _____
Email: _____

Pursuant to Act 253 (1998), I certify that my company,
_____, imports or manufactures 5000
glass containers or less per year.

I recognize that as a glass container importer or manufacturer, I am required to track and record the volumes of glass that my company imports or manufactures. I also understand that any empty, imported glass container designed to hold not more than two and one-half fluid ounces of a product meant for human consumption shall be exempt from the fee. If the volume of containers my firm imports or manufactures exceeds 5000 within any calendar year, I am responsible for payment of the Advance Disposal Fee for each container.

Signature of Authorized Representative

Date

Title