



Mail Forms To:

Hawaii Department of Health
Office of Solid Waste Management
919 Ala Moana Blvd., Room 212
Honolulu, HI 96814-4920

Hawaii Deposit Beverage Container Program
Certified Redemption Center

5¢ Deposit Refund Request Form (DR-1)

REV 11-17-05

Instructions

- Print in ink or type
- Only applications with all necessary supporting documentation will be considered complete for payment
- Reporting period must remain within the same month
- If redemption activities take place on separate islands, indicate this and subtotal collections by island
- Provide a corresponding quarterly close-out report and discrepancy explanation at the close of each quarter

Tracking Number:	1
-------------------------	----------

Contact

Name of Redemption Center: **2**

Location/Address: **3**

Contact Person: **4**

Contact Phone: **5**

Certified Redemption Center Number: **6**

Reporting Period: **7**

Total Refund Requested: **8**

I certify under penalty of law that this refund request form and attached supporting documents were prepared and gathered by me or under my supervision. To the best of my knowledge and belief, I certify that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment, or both.

9

Authorized Signature

Title

10

Print Name

Date

I. Deposit Beverage Container (DBC) 5¢ Refund

	Incoming Load/Container Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Total Refund Value (\$)	Destination Recycling Facility (Name of Facility & Address)
		QTY	LBS		
Deposit Refund Paid to Customer					
Aluminum DBC					
	11	12	13	14	15
Separate by island and subtotal.					
	Total		0	0	\$ -

	Incoming Load/Container Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Total Refund Value (\$)	Destination Recycling Facility (Name of Facility & Address)	
		QTY	LBS			
Deposit Refund Paid to Customer						
Bimetal DBC						
	Total		0	0	\$ -	

	Incoming Load/Container Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Total Refund Value (\$)	Destination Recycling Facility (Name of Facility & Address)	
		QTY	LBS			
Deposit Refund Paid to Customer						
Glass DBC						
	Total		0	0	\$ -	

	Incoming Load/Container Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Total Refund Value (\$)	Destination Recycling Facility (Name of Facility & Address)	
		QTY	LBS			
Deposit Refund Paid to Customer						
Plastic DBC						
	Total		0	0	\$ -	

II. Non-DBC Incoming Tracking Information					
	Incoming Load Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Names of Satellite Redemption Centers or commercial entities from which material was received	Destination Recycling Facility (Facility Name & Address)
		QTY	LBS		
No Refund - Refund Paid by Others					
Aluminum DBC					
	16	17	18	19	20
Total		0	0		
Bimetal DBC					
Total		0	0		

	Incoming Load Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Names of Satellite Redemption Centers or commercial entities from which material was received	Destination Recycling Facility (Facility Name & Address)
		QTY	LBS		
No Refund - Refund Paid by Others					
Glass DBC					
Total		0	0		
Plastic DBC					
Total		0	0		

	Incoming Load Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Names of Satellite Redemption Centers or commercial entities from which material was received	Destination Recycling Facility (Facility Name & Address)	
		QTY	LBS			
No Refund - Not Eligible for Refund						
Glass ADF	21	22	23	24	25	
	Total		0	0		
	other Glass					
Total		0	0			

	Incoming Load Number for Recyclables Collected During Reporting Period *	Record One For Each Type ** Container Quantity or Weight (lbs)		Names of Satellite Redemption Centers or commercial entities from which material was received	Destination Recycling Facility (Facility Name & Address)
		QTY	LBS		
No Refund - Not Eligible for Refund					
other Aluminum	26	27	28	29	30
Total		0	0		
other Bimetal					
Total		0	0		
other Plastic					
Total		0	0		

* A specific shipping container number or load number. You may use a numeric system in the format YYCCCCC where YY is the request year (ex. 05 = 2005) and CCCCC is a chronological number system.

Each load number may only be reported once for 5-cent/ADF deposit refunds.

If the same load number is listed on a subsequent 5-cent deposit refund request form, the form will be rejected.

** 5-cent deposit refunds based on weight (lbs) at the time of DBC receipt by redemption center.

Attach copies of applicable weight receipts, out-of-state transport, and acceptance receipts from permitted recycling facilities.