



State of Hawaii Department of Health
 Office of Solid Waste Management
 2827 Waimano Home Road #100
 Pearl City, HI 96782

Hawaii Deposit Beverage Container Program
 Certified Redemption Center

Handling Fee Request Form (HR-1)

REV 04-23-2018

Instructions

- Print in ink or type.
 - Only complete forms with all necessary supporting documentation will be considered complete.
 - To avoid delays please follow instructions.
- Questions? Phone: 586-4226

Mail Forms To

Mail completed form to:
 Hawaii Department of Health Office of
 Solid Waste Management
 2827 Waimano Home Road #100
 Pearl City, HI 96782

Tracking Number:

Contact

Name of Redemption

Location/Address:

Contact Person:

Contact Phone:

Certified Redemption Center Number:

Reporting Period from: to

Material Types Included in This Report:

Aluminum Bi-Metal Glass Plastic

Fee Request

Total Calculated Fee Request

Check Box *Box must be checked and amount entered or form will be rejected.*

Initial 50%

Final 50%

Single 100%

Less Shrinkage Adjustment

Total Fee Requested

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.

Authorized Signature

Title

Print Name

Date

Handling Fee Request

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.)**	Destination (Name of Facility & Address)	Date of Arrival at Destination	
Aluminum								
				Total Weight (lbs.)				
				Total Handling Fee (\$)				

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination	
Bi-Metal								
					Total Weight (lbs.)			
					Total Handling Fee (\$)			

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination
Glass							
	Total Weight (lbs.)						
Total Handling Fee (\$)							

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination
Plastic							
	Total Weight (lbs.)						
Total Handling Fee (\$)							

* Copy of Weight Ticket/Invoice must be attached to verify that material has been sent to an out-of-state recycling facility or end use location.

** Weights entered here include DBC weights only and exclude ADF and/or non-dbc material weights. Up-front Handling fee payments (50%) are calculated on weight (lbs) reported at the time of DBC shipment to an out of state facility or end use location. Final payment is based on weight (lbs) reported by the receiving mill or approved end use location. If the shrinkage in material weight is greater than 2.5% at the end use then adjustments to the final payment will be made accordingly.

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