



State of Hawaii  
Department of Health

**Hawaii Deposit Beverage Container Program**  
**Semi-Annual Distributor Report Form**  
 For use by distributors who annually import or  
 manufacture 100,000 or fewer deposit containers

Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person & Title \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Nothing to Report This Period  
 Change of Address  
 Change of Ownership  
 Effective Date \_\_\_\_\_  
*Reminder: Register new business names with the DOH*  
 No longer manufacturers OR imports  
 and engages in the sales of DBCs  
 Effective Date \_\_\_\_\_

**Required.** Please Check the Appropriate Box:

Report Period  January 1 – June 30 (Due July 15<sup>th</sup>)  July 1 – December 31 (Due Jan 15<sup>th</sup>)

**Please Note:** Reporting is based on the number of containers sold, donated, or transferred.

| Container Material Type          | Container Count* | Container Fee Amount<br><i>container count x .01 =</i> | Deposit Amount<br><i>container count x .05 =</i> | Total Due |
|----------------------------------|------------------|--|--|-----------|
| <b>For containers 0-68 fl oz</b> |                  |  |  |           |
| Aluminum                         |                  | \$   | \$   | \$        |
| Bi-Metal                         |                  | \$   | \$   | \$        |
| Plastic (PETE)                   |                  | \$   | \$   | \$        |
| Plastic (HDPE)                   |                  | \$   | \$   | \$        |
| Glass                            |                  | \$   | \$   | \$        |
| <b>Totals</b>                    |                  | \$   | \$   | \$        |

\* Container Count = (# of containers sold, donated, or transferred) – (# of containers transferred out of state).  
 Note that Container Fees and Deposits must be paid on all eligible containers including those donated.

**Container Count of Deposit Beverage Containers exported (transferred out of state) and intended for consumption out of the state\*\***

\*\* Please submit the following information on a separate sheet: Name of Company, Contact Person, Telephone #, Date of Sale

I certify under penalty of law that this document was prepared under my direction or supervision by qualified personnel who have properly gathered and evaluated the submitted information. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine, imprisonment for a knowing violation, or both.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**If you have questions about this form contact:**  
 Office of Solid Waste Management  
 Phone (808) 586-4226  
 Fax (808) 586-7509

**Make a check or money order payable to:**  
 Department of Health, State of Hawaii  
**Mail completed form and payment to:**  
 Solid & Hazardous Waste Branch  
 Office of Solid Waste Management  
 2827 Waimano Home Road #100  
 Pearl City, HI 96782

**"Deposit beverage"** means beer, ale, or other drink produced by fermenting malt, mixed spirits, mixed wine, tea and coffee drinks regardless of dairy-derived product content, soda, or noncarbonated water, and all nonalcoholic drinks in liquid form and intended for internal human consumption that is contained in a deposit beverage container.

The term "deposit beverage" excludes the following:

- (1) A liquid which is:
  - (A) A syrup;
  - (B) In a concentrated form: or
  - (C) Typically added as a minor flavoring ingredient in food or drink, such as extracts, cooking additives, sauces, or condiments;
- (2) A liquid which is a drug, medical food or infant formula as defined by the Federal Food Drug and Cosmetic Act (21 U.S.C Sec. 301 et seq.);
- (3) A liquid which is designed and consumed only as a dietary supplement and not as a beverage as defined in the Dietary Supplement Health and Education Act of 1994 (P.L. 103-417);
- (4) Products frozen at the time of sale to the consumer, or, in the case of institutional users such as hospitals and nursing homes, at the time of sale to the users;
- (5) Products designed to be consumed in a frozen state;
- (6) Instant drink powders;
- (7) Seafood, meat, or vegetable broths, or soups, but not juices; and
- (8) Milk and all other dairy-derived products, except tea and coffee drinks with trace amounts of these products.

**"Deposit beverage container"** means the individual, separate, sealed glass, polyethylene terephthalate, high density polyethylene, or metal container less than or equal to sixty-eight fluid ounces, used for containing, at the time of sale to the consumer, a deposit beverage intended for use or consumption in this State.

**"Deposit beverage distributor"** means a person who is a manufacturer of beverages in deposit beverage containers in this State, or who imports and engages in the sale of filled deposit beverage containers to a dealer or consumer. The term includes federal agencies and military distributors, but does not include airlines and shipping companies that merely transport deposit beverage containers.

**"Import"** means to buy, bring, or accept delivery of deposit beverage containers from an address, supplier, or any entity outside of the State.

**"Importer"** means any person who buys, brings, or accepts delivery of deposit beverage containers from outside the State for sale or use within the State.

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Source: Hawaii Revised Statute, Chapter 342G

Full text of the statute may be accessed online at:

[www.capitol.hawaii.gov/hrscurrent/Vol06\\_Ch0321-0344/HRS0342G/](http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0342G/)

Deposit Program information begins with section Ch. 342G-101

Please visit our website for more program information: <http://health.hawaii.gov/hi5/>