

STATE OF HAWAII DEPARTMENT OF HEALTH
 Deposit Beverage Container Program
 Commercial Passenger Vessel Exemption Form



Instructions: Read this form carefully and provide the information requested. Submit your completed form to the State of Hawaii Department of Health, Solid and Hazardous Waste Branch, Deposit Beverage Container Program, 919 Ala Moana Boulevard, Room 212, Honolulu, Hawaii 96814.

The commercial passenger vessel exemption form must clearly state a recycling plan to qualify for an exemption. All deposit beverage containers purchased in the State of Hawaii that are intended for use and consumption on a commercial passenger vessel must be captured in a recycling plan. For assistance in developing your recycling plan and implementation measures please contact the Deposit Beverage Container Program office at (808) 586-4226.

Hawaii Revised Statutes (HRS) §342G-101.5:

Commercial passenger vessels; exemption. a) Notwithstanding any other provision of this part, this part shall not apply to a deposit beverage container that is sold or delivered to an entity operating a commercial passenger vessel when the deposit beverage container is intended for use and consumption on the commercial passenger vessel. The entity operating the commercial passenger vessel shall be exempt from this part only if it has a deposit beverage container recycling plan prescribed or approved by the department.
(b) Recycling plans shall be submitted to the department and shall include the name and address of the recycling facility that is accepting the empty deposit beverage containers.
(c) Deposit beverage containers covered under this exemption shall not be redeemed for the refund value or handling fee.

Company Name _____

Vessel Name(s) (cruise ships only) _____

1) Does your company purchase deposit beverage containers from a Hawaii distributor?

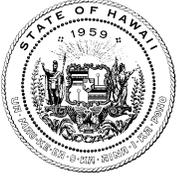
Yes No

a. If "yes", please list all the names of Hawaii distributors below.

2) Indicate the locations beverages are purchased and offloaded (check all that apply):

<u>Purchased – Offloaded</u>	<u>Name of facility where deposit beverage containers are offloaded</u>
------------------------------	-------------------------------------------------------------------------

- | | |
|---------------------------------------------------|-------|
| <input type="checkbox"/> Hawaii - Hawaii | _____ |
| <input type="checkbox"/> Hawaii - U.S. Mainland | _____ |
| <input type="checkbox"/> Hawaii - Foreign Country | _____ |
| <input type="checkbox"/> U.S. Mainland - Hawaii | _____ |
| <input type="checkbox"/> Foreign Country - Hawaii | _____ |



STATE OF HAWAII DEPARTMENT OF HEALTH
 Deposit Beverage Container Program
 Commercial Passenger Vessel Exemption Form



3) Indicate which Hawaiian island(s) your company offloads deposit beverage container material and the designated personnel responsible for your company's recycling plan.

<u>Location(s)</u>	<u>Designee</u>	<u>Phone number</u>	<u>Office address</u>
___ Oahu	_____	(808) _____	_____
___ Hawaii	_____	(808) _____	_____
___ Maui	_____	(808) _____	_____
___ Kauai	_____	(808) _____	_____
___ Molokai	_____	(808) _____	_____
___ Lanai	_____	(808) _____	_____

4) Please provide the contact information for all Hawaii-based service providers contracted by your company to cater and/or direct deposit beverage container material to a recycling facility.

<u>Company</u>	<u>Contact</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

No Hawaii-based catering or recycling service providers are contracted by your company.

5) Provide an approximation of the weight of deposit beverage containers that are discarded, cumulatively, for all Hawaiian island locations by your company per week. Indicate the company accepting the discarded material.

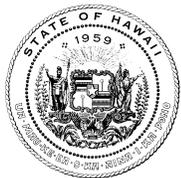
<u>Material Type</u>	<u>Approximate Amount</u>	<u>Designated Recycling Facility Contact Info</u>
Aluminum	_____ pounds/week	_____
Glass	_____ pounds/week	_____
Plastic	_____ pounds/week	_____
Bi-metal	_____ pounds/week	_____

6) Do the Hawaii facilities designated to accept Deposit Beverage Containers from your company understand such material shall not be redeemed for the Hawaii refund value or handling fee?

Yes No

7) Please attach a statement describing your company's procedures for collecting, handling, and ultimately recycling of any/all deposit beverage containers.

8) Please attach a statement describing how your company informs and trains staff, caterers, and waste haulers of the procedures described above.



STATE OF HAWAII DEPARTMENT OF HEALTH
Deposit Beverage Container Program
Commercial Passenger Vessel Exemption Form



I, _____, certify that the information provided above is current and correct. Should I find, after submission of these responses, that any part is incomplete, false, or misrepresents the truth, I will notify the DBC Program as soon as possible. If at any time, the information above changes, I will notify the DBC Program and submit a new exemption form.

Date _____ Name _____
Phone number _____ Title _____
Email Address _____ Signature _____
Mailing Address _____

Submit your completed form to the Deposit Beverage Container Program, 919 Ala Moana Boulevard, Room 212, Honolulu, Hawaii 96814.