

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, 2827 Waimano Home Road #100, Pearl City, Hawaii 96782 or via email: susan.panui@doh.hawaii.gov

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 (DBC) 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) _____

Company Contact Information:

Contact Name _____

Contact Title _____

Contact Address _____

Contact Phone Number _____

Contact Email Address _____

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:

Kauai: _____

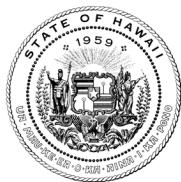
Oahu: _____

Maui: _____

Hilo: _____

Kona: _____

Other (specify): _____



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2) Indicate the locations the deposit beverage containers are **offloaded** for disposal/recycling (check all that apply):

- Kauai Kona
- Oahu Hilo
- Maui Foreign Country or U.S. Mainland
- Other (specify): _____

3) Please provide the contact information (Company Name, Contact Name, Contact Phone Number) for the companies responsible for **offloading** deposit beverage containers from the aircraft/vessel at **each airport/port**:

<u>Location(s)</u>	<u>Company Name</u>	<u>Contact Name</u>	<u>Contact's Phone Number</u>
Kauai:	_____	_____	_____
Oahu:	_____	_____	_____
Maui:	_____	_____	_____
Hilo:	_____	_____	_____
Kona:	_____	_____	_____

4) Do the Hawaii companies designated to **offload** deposit beverage containers from your aircrafts/vessels (as indicated in #3, above) understand that such material shall not be redeemed for the Hawaii refund value or handling fee?

- Yes No

**Failure to comply with HRS Chapter 342G-101.5 may result in the loss of your exemption.*

5) Please provide the contact information (Company Name, Contact Name, Contact Phone Number) for the companies responsible for **recycling** the deposit beverage containers offloaded from the aircraft/vessel at **each airport/port**:

<u>Location(s)</u>	<u>Company Name</u>	<u>Contact Name</u>	<u>Contact's Phone Number</u>
Kauai:	_____	_____	_____
Oahu:	_____	_____	_____
Maui:	_____	_____	_____
Hilo:	_____	_____	_____
Kona:	_____	_____	_____

6) Do the Hawaii companies designated to **recycle** deposit beverage containers from your company (as indicated in #5, above) understand that such material shall not be redeemed for the Hawaii refund value or handling fee?

- Yes No

**Failure to comply with HRS Chapter 342G-101.5 may result in the loss of your exemption.*



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7) Please provide the contact information (Company Name, Contact Name, Contact Phone Number) for the point of contact responsible for recycling and ensuring compliance with HRS Chapter 342G-101.5 **each airport/port:**

<u>Location(s)</u>	<u>Company Name</u>	<u>Contact Name</u>	<u>Contact's Phone Number</u>
Kauai:	_____	_____	_____
Oahu:	_____	_____	_____
Maui:	_____	_____	_____
Hilo:	_____	_____	_____
Kona:	_____	_____	_____

8) Please describe your company's procedures for collecting, transporting, and recycling all deposit beverage containers offloaded in Hawaii at each airport/port (where applicable, attach a separate page if needed):

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	_____		

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