



State of Hawaii
Department of Health

Hawaii Beverage Container Deposit Program
Certification Application
Redemption Centers

INSTRUCTIONS

- Print in ink or type.
- Indicate N/A for any items that are not applicable.
- Only applications with all necessary attachments will be considered complete.

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

If you have questions phone: 586-4226

OFFICE USE ONLY

Date Received _____

Received By _____

Application # _____

Plans Attached Yes No

Action on Application Approved Disapproved
 Conditional Approval

Date Issued _____

Certification # _____

SECTION 1: Contact Information

1. Organization Name _____

2. Business Address _____

3. Contact Person _____
First Middle Last

4. Contact Title _____

5. Phone _____

6. Fax _____

7. Attached to this application is a current tax clearance from the Department of Taxation? Yes No
8. Attached to this application is a certificate of good standing issued by the Department of Commerce & Consumer Affairs? Yes No N/A applicant is a sole proprietor

SECTION 2: Organization Type

9. Type of Organization

- Individual
- Partnership: ___ General or ___ Limited *Submit copy of current partnership agreement.*
- Corporation: *Number as filed with Secretary of State* _____
Submit Articles of Incorporation and list of current corporate officers.
___ Profit or ___ Nonprofit
___ Domestic or ___ Foreign *If foreign, submit copy of certificate from Hawaii Secretary of State*
Agent for service of process _____
- Limited Liability Company: *Submit Articles of Organization, Statement of Information & operating agreement.*
___ Domestic or ___ Foreign *If foreign, submit copy of certificate from Hawaii Secretary of State*
Agent for service of process _____
- Husband and Wife Co-Ownership: *Name of Spouse* _____
- Local Government Agency: ___ County
- Federal Agency: ___ Military Installation ___ National Park ___ Other Federal Property
- Other (Explain): _____

10. Federal ID# (Employer ID#) _____
Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.

11. Are you, your spouse, your partner, or any corporate officer **currently permitted** by the Department of Health, Solid & Hazardous Waste Branch? (Any permit) Yes No
If YES, permit number(s) _____
Expiration date(s) _____

12. Are you, your spouse, your partner, or any corporate officer **currently certified** to operate a redemption center by the Department of Health, Office of Solid Waste Management? (Any certification) Yes No
If YES, certification number(s) _____

13. Have you, your spouse, your partner, or any corporate officer **ever been certified** to operate a redemption center by the Department of Health, Solid & Hazardous Waste Branch? (Any certification) Yes No
If YES, certification number(s) _____

14. Do you, your spouse, your partner, or any corporate officer have additional **pending applications** with the Department of Health, Office of Solid Waste Management? (Any applications) Yes No
If YES, list applications _____

15. Have you, your spouse, your partner, or any corporate officer ever had a certificate **denied, suspended, or revoked** by the Department of Health, Office of Solid Waste Management? (Any certification) Yes No
If YES, certification number(s) _____

16. Has any officer, individual, partner, or husband/wife co-owner, been convicted of a crime of deceit (including, but not limited to, theft, fraud, or embezzlement)? Yes No
If YES, name of person convicted, date, and state where person was convicted _____

SECTION 3: Facility Information

17. Name of Facility _____
18. Facility Address _____

19. Facility Phone Number _____
20. Property Ownership: Own Lease Rent Donated Space Other
(specify): _____
Submit a copy of the current tax or mortgage statement, or current rental/lease agreement or written use agreement from the owner or leaseholder authorizing use of the property for a recycling business. The document must identify the operator and the facility address (as listed above).
21. Name of Property Owner/Leaseholder _____
22. Owner/Leaseholder 's Address _____

23. Owner/Leaseholder 's Phone Number _____
24. Has the facility ever been operated by a different certified operator or under a different facility name? Yes No
Former facility name, if applicable: _____
Former operator name, if applicable: _____
Former certification number, if known: _____
25. Do you agree to inspect loads of empty beverage containers in accordance with the law? Yes No
Initials: _____
Corporate officer, or all partners, both husband and wife co-owners must initial (original).
26. Do you agree to accept and redeem all material types of deposit beverage containers at the facility? Yes No
Initials: _____
Corporate officer, or all partners, both husband and wife co-owners must initial (original).
27. Describe the methods used to collect and store redeemed beverage containers:
 Bins Trailers Reverse vending machines Carts Bales Pickup truck/Van/Auto
 Other (explain): _____
28. If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers that are not accepted by the machine(s).
 In store redemption: Name and address of store: _____
 On-site attendant Other (explain): _____

SECTION 4: Redemption Center Plan

29. A redemption center plan is included with this application and named ATTACHMENT A? Yes No

SECTION 5: Certification Statement

If the applicant is a partnership or group other than a corporation or a county, the application shall be made by one individual who is a senior/supervising member of the group. If the applicant is a corporation or a county, the application shall be made by an officer of the corporation, general manager of the facility, or an authorized representative of the county.

I certify under penalty of law that this document and all attachments were 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.

Signature

Print Name

Title

Date

ATTACHMENT A: Redemption Center Plan

Attachment A must include all of the following to be considered a complete application.

1. Site Plan
 - a. Description of redemption center site or network. Include a location map(s) and site plan(s).
 - b. List of locations.
2. Scope of Services
 - a. Describe methods of collecting deposit beverage containers.
 - b. Describe methods to identify deposit containers from non-deposit containers.
 - c. Provide estimated hours of operation per day and week.
 - d. Describe how deposits will be paid to customers. If a redemption center is planning on issuing vouchers for redemption values then a voucher implementation plan must be included.
 - e. Describe where deposit containers will be collected from and transported to (i.e. out-of-state recyclers, end markets).
 - f. Describe methods to secure loads of redeemed deposit containers and prevent fraud.
 - g. Submit an operational plan that describes methods to ensure that all customer receipts correlate with collected deposit containers to prevent fraud.