Clear Form

State of Hawaii
Department of Health

919 Ala Moana Blvd. Rm. 212
Honolulu, Hawaii 96814-4920

Phone: (808) 586-4226
Fax: (808) 586-7509

Hawaii Glass Advance Disposal Fee Program

Registered Importer Product List

For use by businesses who manufacture or import glass containers
that are not deposit glass beverage containers

Business Name: _____ Date: _____

Mailing Address: _____ _____ _____ _____
Street Address or P.O. Box | City | State | Zip

Contact Person: _____ _____ _____
Name | Phone | Email

List each product packaged in non-deposit container glass that your company imports for sale within the State of Hawaii. Indicate the product name, product type, container size and unit(s) of sale for each item listed.

(For each distributor/manufacturer that your company purchases the product packaged in non-deposit container glass from, list the name of the distributor/manufacturer on one line and list those products below.)

Product Name	**Product Type** (check one)				**Container Size** (ounces/liters and fractions thereof)	**Package Size**	
	Wine and Spirits	Food	Non-Food	Other		Individual	Pack/Case

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Email forms to: shirley.yeung@doh.hawaii.gov. If you have questions about this form, please call Ms. Shirley Yeung of the Solid & Hazardous Waste Branch at (808) 586-4226.

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