



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
 2827 Waimano Home Road #100  
 Pearl City, HI 96782  
 Phone: (808) 586-4226  
 Fax: (808) 586-7509

**Glass Container Advanced Disposal Fee (ADF)**  
**IMPORTER REGISTRATION FORM**

Rev. 1/2022

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address or P.O. Box City State Zip Code

Contact Person: \_\_\_\_\_  
 Name Phone Email

In accordance with Hawaii Revised Statutes (HRS), Chapter 342G, Part VII, all glass container importers shall register with the Department of Health using this form and shall notify the department of any changes in address.

Please note, any empty imported glass container designed to hold not more than two and one-half fluid ounces of a product meant for human consumption shall be exempt from the fee and should not be included in the inventory report and payment. HRS §342G-85(c). **Select definitions and program references are provided on the back of this form.**

**Filing Status (please check one):**

**My company imports 5,000 or fewer glass containers per year.** We are **exempt** from the reporting and payment requirements. If the number of containers imported or manufactured exceeds 5,000 within any calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>), then my company is responsible for payment of the advance disposal fee for each container. HRS §342G-85(c).

\_\_\_\_\_ Please indicate your company's actual amount of imported or manufactured ADF glass containers for the **20**\_\_\_\_\_ calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>).

**My company imports more than 5,000, but less than or equal to 100,000 glass containers per calendar year and is required to report and pay the fee. My company will report:**  
 My company will report:

**Annually** (January-December)  **Quarterly** (January-March, April-June, July-September, and October-December)

**My company imports greater than 100,000 glass containers per calendar year.** We will be reporting and paying the fee on a **quarterly** basis. (January-March, April-June, July-September, and October-December)

**My company is a non-importer of glass containers.**

My company does not have a glass supplier in Hawaii  My company has a ADF glass supplier in Hawaii

\_\_\_\_\_  
 (Please indicate ADF glass supplier in Hawaii)

I hereby certify that I am authorized to register the above named entity pursuant to HRS Chapter 342G.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Title

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

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

## **Hawaii Glass Container Advance Disposal Fee (ADF) Program Recordkeeping and Reporting Information**

### **Exempt Status** (indicated on the Glass Container ADF Registration Form)

Companies who import fewer than 5,000 glass containers within a one-year period are exempt from payment of the ADF. Any empty, imported glass container designed to hold not more than two and one-half fluid ounces of a product meant for human consumption shall be exempt from the fee. However, exempt filers are required to track the volume of containers imported. If the exempt filer ever imports 5,000 or more within a given calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>), their filing status will change and they will be required to pay the ADF.

### **Annual Filing Status** (glass container importers required to use the Annual Report Form)

Companies who import 5,000 or more, but less than or equal to 100,000 glass containers per year, are permitted to pay the ADF on a quarterly or annual basis. The annual reporting period is based on the calendar year (January 1st to December 31st). Payments are due by January 15<sup>th</sup> of each year following the end of the previous calendar year.

### **Quarterly Filing Status** (glass container importers required to use the Quarterly Report Form)

Companies who import more than 100,000 glass containers per year are required to pay the ADF on a quarterly basis. Quarterly periods are based on the calendar year as follows: January-March, April-June, July-September, and October-December. Payments are due by the fifteenth day of the month following the end of the previous calendar quarter.

**NOTE: All glass container importers registered with the Department Of Health shall maintain records reflecting the manufacture of their glass containers as well as the importation and exportation of products packaged in glass. The records shall be made available, upon request, for inspection by the Department.**

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Source: Hawaii Revised Statute, Chapter 342G

Full text of the statute may be accessed online at:

[http://www.capitol.hawaii.gov/hrscurrent/Vol06\\_Ch0321-0344/HRS0342G/HRS\\_0342G-0081.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0342G/HRS_0342G-0081.htm)

Please visit our website for more program information

<http://health.hawaii.gov/shwb/sw-adf/>