



STATE OF HAWAII  
DEPARTMENT OF HEALTH

**GLASS ADVANCE DISPOSAL FEE (ADF)  
ANNUAL REPORT FORM**

Glass container importers who import 5,000 or more non-deposit beverage glass containers, but less than or equal to 100,000 non-deposit beverage glass containers, shall be permitted to provide a report and fee payment annually, rather than quarterly.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Name Title

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Annual period covered by this report: January 1 to December 31, 20\_\_\_\_

- Please choose one of the following:**  Glass containers reported under 5,000 containers. No further entry is required. Please sign form and return to address indicated.  
 Glass containers reported 5,000 and above, please fill out the form below, sign and remit payment as indicated.

Product Type	Container Count	Container Fee Amount	Total Due
<b>Wine and Spirits</b>			
<b>Food</b> <i>(i.e., condiments)</i>			
<b>Non-Food</b> <i>(i.e., nail polish, fragrances, cleaning supplies)</i>			
<b>Totals</b>			

I certify under penalty of law that this document was 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 of Authorized Representative

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**Payments are due by January 15<sup>th</sup> of each year following the end of the previous calendar year.**

**If you have questions about this form contact:**  
Hawaii Department of Health  
Office of Solid Waste Management  
Phone: (808) 586-4226  
FAX: (808) 586-7509

**Make a check or money order payable to:**  
Department of Health, State of Hawaii

**Mail completed form and payment to:**  
Hawaii Department of Health  
Office of Solid Waste Management  
2827 Waimano Home Road #100  
Pearl City, Hawaii 96782  
Phone: (808) 586-4226