



State of Hawaii  
 Department of Health  
 P.O. Box 3378  
 Honolulu, HI 96814

Hawaii Deposit Beverage Container Program  
 Certified Redemption Center

# Handling Fee Request Form (HR-1)

REV 12-05

### Instructions

- Print in ink or type.
  - Only complete forms with all necessary supporting documentation will be considered complete.
  - To avoid delays please follow instructions.
- Questions? Phone: 586-4226

### Mail Forms To

Mail completed form to:  
 Hawaii Department of Health  
 Office of Solid Waste Management  
 919 Ala Moana Blvd., Room 212  
 Honolulu, HI 96814-4920

**Tracking Number:** 1

### Contact

Name of Redemption 2

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Location/Address: 3

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Contact Person: 4

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Contact Phone: 5

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Certified Redemption Center Number: 6

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Reporting Period from: \_\_\_\_\_ to 7

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**Material Types Included in This Report:** 8

Aluminum     Bi-Metal     Glass     Plastic

### Fee Request

**Total Calculated Fee Request** 9

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Check Box  *Box must be checked and amount entered or form will be rejected.*

Initial 50%  10

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Final 50%  11

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Single 100%  12

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Less Shrinkage Adjustment 13

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**Total Fee Requested** 14

I certify under penalty of law that this refund request form and attached supporting documents were prepared and gathered by me or under my supervision. To the best of my knowledge and belief, I certify that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment, or both.

Authorized Signature 15

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\_\_\_\_\_

Title

Print Name

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\_\_\_\_\_

Date

**Handling Fee Request**

	<b>Weight Ticket or Container Number *</b>	<b>Associated Load Numbers (from Refund Request Form)</b>	<b>Ship / Deliver Date(s)</b>	<b>Total Weight (lbs.)</b>	<b>DBC Weight (lbs.) **</b>	<b>Destination (Name of Facility &amp; Address)</b>	<b>Date of Arrival at Destination</b>	
<b>Aluminum</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	
	<b>Total Weight (lbs.)</b>							
	<b>Total Handling Fee (\$)</b>							

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination
Bi-Metal	16	17	18	19	20	21	22
	<b>Total Weight (lbs.)</b>						
<b>Total Handling Fee (\$)</b>							



	<b>Weight Ticket or Container Number *</b>	<b>Associated Load Numbers (from Refund Request Form)</b>	<b>Ship / Deliver Date(s)</b>	<b>Total Weight (lbs.)</b>	<b>DBC Weight (lbs.) **</b>	<b>Destination (Name of Facility &amp; Address)</b>	<b>Date of Arrival at Destination</b>
<b>Plastic</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
	<b>Total Weight (lbs.)</b>						
<b>Total Handling Fee (\$)</b>							

\* Copy of Weight Ticket/Invoice must be attached to verify that material has been sent to an out-of-state recycling facility or end use location.

\*\* Weights entered here include DBC weights only and exclude ADF and/or non-dbc material weights. Up-front Handling fee payments (50%) are calculated on weight (lbs) reported at the time of DBC shipment to an out of state facility or end use location. Final payment is based on weight (lbs) reported by the receiving mill or approved end use location. If the shrinkage in material weight is greater than 2.5% at the end use then adjustments to the final payment will be made accordingly.

Attach copies of applicable weight receipts, out-of-state transport, and acceptance receipts from permitted recycling facilities.