



State of Hawaii
Department of Health

**GLASS ADVANCE DISPOSAL FEE PROGRAM
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: _____
 Phone: _____ Email: _____

Annual period covered by this report: July 1, 20____ to June 30, 20____ (Due by July 15th)

Product Type	Container Count	Container Fee Amount <i>container count x \$0.015 =</i>	Total Due
Wine and Spirits			
Food <i>(i.e., condiments)</i>			
Non-Food <i>(i.e., nail polish, fragrances, cleaning supplies)</i>			
Totals			

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 July 15th following the end of the annual period.

If you have questions about this form contact:
 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
 919 Ala Moana Boulevard, Room 212
 Honolulu, HI 96814-4920