Clear Form

State of Hawaii
Department of Health

# GLASS ADVANCE DISPOSAL FEE PROGRAM QUARTERLY REPORT FORM

Glass container importers who import more than 100,000 non-deposit beverage glass containers, shall provide a report and fee payment quarterly.

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Please check the quarterly period covered by this form and fill in the year:

[ ] January – March 20____
*Due April 15th*

[ ] April – June 20____
*Due July 15th*

[ ] July – September 20____
*Due October 15th*

[ ] October – December 20____
*Due January 15th*

| Product Type | Container Count | Container Fee Amount *container count x $0.015 =* | Total Due |
|---|---|---|---|
| | | | |
| **Wine and Spirits** | | 0.00 | 0.00 |
| **Food** *(i.e., condiments)* | | 0.00 | 0.00 |
| **Non-Food** *(I.e., nail polish, fragrances, cleaning supplies)* | | 0.00 | 0.00 |
| **Totals** | 0 | 0.00 | 0.00 |

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

**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

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