

Please email completed form to NOD@calrecycle.ca.gov

For questions or further information, please call 916-323-5778 or email NOD@calrecycle.ca.gov.

Rejection & Request to Dispose of Postfilled or Empty Beverage Containers



Clear **Print**

State of California • Department of Resources Recycling and Recovery (CalRecycle)

Division of Recycling • Recycling Program Financial Analysis & Policy Development Brand • 1001 I Street • Sacramento, CA 95814

CalRecycle 847 (Rev. 3/2026)

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In accordance with Public Resources Code (PRC) § 14552.5 and California Code of Regulations (CCR), tit. 14, § 2410, the rejection of postfilled or empty beverage containers by a container manufacturer or other willing purchaser is documented below.

Processor Information:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ FAX Number: _____

Documentation of Effort to find Willing Purchaser:

Rejection documentation may be completed by container manufacturer/potential purchaser or processor

Container Manufacturer/Potential Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Date of Rejection: _____

Reason for Rejection: _____

Methods used to Contact Potential Buyer: _____

Container Manufacturer/Potential Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Date of Rejection: _____

Reason for Rejection: _____

Methods used to Contact Potential Buyer: _____

Container Manufacturer/Potential Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Date of Rejection: _____

Reason for Rejection: _____

Methods used to Contact Potential Buyer: _____

In accordance with PRC §14552.51 and CCR § 2410, I request authorization to dispose:

_____ LBS or _____ TONS

of the following material:

Aluminum Glass PET #1 HDPE #2 PVC #3 LDPE #4 PP #5 PS # 6 Other #7 Bimetal

WDS-BIB WDS-PC WDS-MLP

Reason for disposal of material: _____

Material will be disposed at the following location:

Facility Name: _____

Address: _____

Expected date and time of disposal: _____

(Note: The Department has 10 days to review request before any disposal may occur.)

I certify:

I will retain copies of receipts signed by a representative from the disposal site.

I am an authorized representative of the Processor listed below and the above information is true to the best of my knowledge.

Signature

Date

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Fax Number: _____

Representative email address: _____

For CalRecycle Use Only: Disposal avoided - alternative recycling market found Approved - CRV may be claimed.

Denied for the following reason: Reason for disposal insufficient Insufficient efforts made for recycling of load

Other _____