

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

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

Rejection & Request to Dispose of Empty Beverage Containers

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

Division of Recycling • Recycling Program Operations Branch • 1001 I Street • Sacramento, CA 95814 Phone

CalRecycle 847 (Rev. 11/2023)

916/323-5778 • Fax 916/445-0645 • TDD 916/324-2555 • <http://www.calrecycle.ca.gov/>

Rejection Form

In accordance with Public Resources Code (PRC) § 14552.5, the rejection of postfilled 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/willing purchaser or processor

Container Manufacturer/Willing Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Date of Rejection: _____

Reason for Rejection: _____

Steps Taken to Avert Landfilling or Other Disposal: _____

Container Manufacturer/Willing Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

_____ Date of Rejection: _____

Reason for Rejection: _____

Steps Taken to Avert Landfilling or Other Disposal: _____

Container Manufacturer/Willing Purchaser Rejecting Material:

Company Name: _____ Certification Number: _____

Address: _____ Telephone Number: _____

Date of Rejection: _____

Reason for Rejection: _____

Steps Taken to Avert Landfilling or Other Disposal: _____

In accordance with PRC §14552.51 and California Code of Regulations (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 WDS-BBP Bimetal

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 _____