



Plastic Market Development Payment Manufacturer Identification Number Application

FOR STATE USE ONLY

Postmark Date:

Identification Number:

Facility Name:

Mailing Address:

Facility Address:

Contact Person:

Telephone Number:

Type of Organization

- Individual Partnership Corporation Limited Liability Company
 Other:

Describe Product(s) Produced from Empty Plastic Beverage Container Material below:

Signature and Title of Authorized Representative:

Date: