

**Department of Resources Recycling and Recovery  
Division of Recycling**



801 K Street, MS 17-24 • Sacramento, California 95814  
Phone 916/323-5778 • Fax 916/445-0645 • TDD 916/324-2555

**Website** [www.calrecycle.ca.gov](http://www.calrecycle.ca.gov)

**PLASTIC QUALITY INCENTIVE PAYMENT CLAIM FORM**

Application for the month of: \_\_\_\_\_ Year: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CRV Plastics: #1 PET  
Redemption Weight (Tenth of Tons)

To be eligible to submit Quality Incentive Payment Claim Forms, the sorting facility must have a Division approved methodology to attribute beverage container materials to the types of programs from which they were received.

The Division shall pay a Quality Incentive Payment for Plastic which is collected by curbside programs or dropoff and collection programs, for CRV beverage containers only.

To be eligible for payment, a Quality Incentive Payment Claim Form must be submitted to the Division, no later than the first day of the second month following the reporting month. Applications postmarked after this date or incomplete applications may be denied payment.

I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Authorized Representative

\_\_\_\_\_  
Date