

Department of Resources Recycling and Recovery



Division of Recycling

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QUALITY INCENTIVE PAYMENT CLAIM FORM

Application for the month of: _____ Year: _____

Certification Number: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____

Telephone Number: _____

Payment Information Information must match the mailing address on the Payee Data Record (STD 204)

Payee's Name: _____

Payee's Address: _____

Color Sorted Glass:

Redemption Weight	FLINT	AMBER	GREEN
(Tenth of Tons)			

To be eligible to submit Quality Incentive Payment Claim Forms DOR 56 (4/23), 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 Glass which is collected by curbside programs or dropoff and collection programs, color sorted and substantially free of contamination and are used for the manufacturing of glass beverage containers in this state.

To be eligible for payment, a Quality Incentive Payment Claim Form DOR 56 (4/23) 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. All claims are subject to audit.

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