



State of California – Environmental Protection Agency
Department of Resources Recycling and Recovery (CalRecycle)
Division of Recycling

Mail: PO Box 4025, Recycling Operations Branch • Sacramento, CA 95812
Phone: (916) 323-5778 Email: MarketInformation@calrecycle.ca.gov

Glass Market Development Payment Claim Form

Application for: Quarter (check one): 1st 2nd 3rd 4th Year: _____

Certification/Identification Number: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____

Phone: _____ Email address: _____

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

Payee Name: _____

Payee Address: _____

Glass Tons (Tenth of Tons): _____

Note: Must attach spreadsheet with detail of glass claim.

Market development payments are made to a glass beverage container manufacturer only if the empty glass beverage containers are collected, washed, and processed and are used in manufacturing new glass beverage containers in this state. All claims are subject to audit.

I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct and that I am authorized to sign this form.

Signature

Date

Title of Authorized Representative