



State of California

Plastic Beverage Container

Virgin And Postconsumer Resin Consolidated Report

CalRecycle 254 (NEW 01/2025)

Department of Resources Recycling and Recovery

Division of Recycling - Beverage Container Recycling Program

**Beverage Container Recycling Program**

PO Box 4025, Sacramento, CA 95812-4025

Phone 916/323-5878 • Fax 916/319-7383 • Email MarketInformation@CalRecycle.ca.gov

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

Public Resources Code Sections 14549.3(a) and 14549.9(a); California Code of Regulations, Title 14, Section 2240(b)

1. Reporting Period: \_\_\_\_\_  
(Calendar Year)

**Part A – Reporting Beverage Manufacturer Information**

2. Identification Number: \_\_\_\_\_ 3. Beverage Manufacturer Name: \_\_\_\_\_








4. Mailing Address (optional): \_\_\_\_\_

5. Contact Person (optional): \_\_\_\_\_

6. Contact Person Telephone Number (optional): \_\_\_\_\_

7. Contact Person Email Address (optional): \_\_\_\_\_

8. Number of Beverage Manufacturers Participating in Consolidated Report: \_\_\_\_\_

9. Aggregated Information of Beverage Manufacturers (Total of all participating beverage manufacturers included in Part B)	 PETE	 HDPE	 PVC	 LDPE	 PP	 PS	 OTHER
Amount (including caps and labels) of virgin plastic used in beverage containers subject to the CRV for sale or transfer in the state (pounds)							
Amount (including caps and labels) of postconsumer recycled plastic used in beverage containers subject to the CRV for sale or transfer in the state (pounds)							

I declare under penalty of perjury under the laws of the State of California that the information provided on this form, including on Parts A and B, and any additional pages submitted with this form, is true and correct and that I am authorized to sign this report.

10. Signed at: \_\_\_\_\_  
City County State

11. Signature of Authorized Representative: \_\_\_\_\_ 12. Title: \_\_\_\_\_

13. Printed Name: \_\_\_\_\_ 14. Date Signed: \_\_\_\_\_

15. Email of Authorized Representative: \_\_\_\_\_

**Due: March 1 of each year**



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**Part B - Consolidated Report for Participating Beverage Manufacturers**

**1) Reporting Beverage Manufacturer**

16. Identification Number: \_\_\_\_\_

17. Beverage Manufacturer Name: \_\_\_\_\_

18. Contact Person (optional): \_\_\_\_\_

<b>9. Individual Beverage Manufacturer Information</b>	 PETE	 HDPE	 PVC	 LDPE	 FP	 FS	 OTHER
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**2) Participating Beverage Manufacturer(s)**

(Information for each participating Beverage Manufacturer must be included in Consolidated Report.)








19. Identification Number: \_\_\_\_\_

20. Beverage Manufacturer Name: \_\_\_\_\_

21. Contact Person (optional): \_\_\_\_\_

22. Contact Person Telephone Number (optional): \_\_\_\_\_

23. Contact Person Email Address (optional): \_\_\_\_\_

<b>9. Individual Beverage Manufacturer Information</b>	 PETE	 HDPE	 PVC	 LDPE	 FP	 FS	 OTHER
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\*\*If the Consolidated Report includes information for more than nine (9) Participating Beverage Manufacturers, use CalRecycle 254A to report Participating Beverage Manufacturers 10 through 50 information and CalRecycle 254B to report Participating Beverage Manufacturers 51 through 100 information.\*\*

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