| FOR STATE USE ONLY |
|---|
| PROCESSOR CCN |
| |

PRINTED ON RECYCLED PAPER

| FOR STATE USE ONLY |
|---|
| CCN |
| |

# SHIPPING REPORT

| FOR STATE USE ONLY |
|---|
| ATTACHED TO CCN |
| |

STATE OF CALIFORNIA - The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling
DR-6 (11/05)

| FOR STATE ONLY |
|---|
| |

## COMPLETED BY SHIPPER:

COMPANY NAME

ADDRESS

CERT. #

CONTACT PERSON

TELEPHONE NUMBER

## RECEIVER INFORMATION

COMPANY NAME

CERT. #

MATERIAL TYPE

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

| | ***REDEMPTION WEIGHT (LBS)*** | ***REFUND*** |
|---|---|---|
| FROM Receipts & Logs | • | • |
| FROM Shipping Reports or Consolidated Reports | • | • |
| TOTAL | • | • |

Receipt & Log Entries For MM DD YY Thru MM DD YY

Number of Attachments or Consolidated Shipments

## COMPLETED BY RECEIVER

| Weight Ticket # | Received Wt. (Lbs.) | RECEIVER PAYMENT ANALYSIS Refund Value (C) | Processing Pymt. (D) | Subtotal Due (C+D) |
|---|---|---|---|---|
| | | • | • | • |

Received Date: MM DD YY

Completed by receiver only: % of Reduction Taken

| | |
|---|---|
| ADMINISTRATIVE FEE | • |
| TOTAL PAYMENT DUE | • |

Civil penalties of up to five thousand dollars ($5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

| QGIP | % OF SHRINKAGE |
|---|---|
| | |

APPROVED FOR PAYMENT Shipper's Signature/Title | Shipper's Printed Name | Date

Receiver's Signature/Title | Receiver's Printed Name | Date

For more information, visit our website at: www.consrv.ca.gov