



PLASTIC BEVERAGE CONTAINER VIRGIN & POSTCONSUMER RESIN REPORTING

Department of Resources Recycling and Recovery (CalRecycle) • Division of Recycling
Recycling Operations Branch, 801 K Street, 17th Floor, MS 17-24, Sacramento, CA 95814
Phone: (916) 323-5878, Fax: (916) 319-7383, Email: MarketInformation@CalRecycle.ca.gov

NOTICE

DATE: January 15, 2019
TO: ALL REGISTERED BEVERAGE MANUFACTURERS
SUBJECT: Plastic Beverage Container Virgin and Postconsumer Resin Reporting

Pursuant to Public Resources Code, Section 14549.3:

(a) On or before March 1, 2018, and annually thereafter, a manufacturer of a beverage sold in a plastic beverage container subject to the California Redemption Value shall report to the department the amount of virgin plastic and postconsumer recycled plastic used by the manufacturer for plastic beverage containers subject to the California Redemption Value for sale in the state in the previous calendar year. The manufacturer shall submit this information to the department under penalty of perjury.

(b) The department shall post the information reported pursuant to subdivision (a) on the department's Internet Web site.

(c) This section does not apply to a refillable plastic beverage container.

Submit this information to the street address, fax number or e-mail address appearing above on or before March 1, 2019. Do not include confidential information. (See Pub. Res. Code § 14554.) The information you report will be imaged and posted on the department's internet web site as submitted.

You may, but are not required to, report this information using the format below. The department highly suggests reporting amount in weight (pounds or tons).

PLASTIC BEVERAGE CONTAINER VIRGIN & POSTCONSUMER RESIN REPORT		
Beverage Manufacturer Name:		
Division of Recycling Account Number:		BM
Reporting Period	Amount of Virgin Plastic Used	Amount of Postconsumer Recycled Plastic Used
Calendar Year 2018		
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 report.		
Signed at _____, _____, _____ City County State		
Signature _____		Title _____
Printed Name _____		Date Signed _____ Month/Day/Year