

Division of Recycling



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Phone 916/323-5778 • Fax 916/445-0645 • TDD 916/324-2555
Website www.calrecycle.ca.gov

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:

Table with 4 columns: Redemption Weight, FLINT, AMBER, GREEN. Row 1: (Tenth of Tons)

To be eligible to submit Quality Incentive Payment Claim Form CalRecycle 757, (previously known as DOR 56), 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.

To be eligible for payment, a Quality Incentive Payment Claim Form CalRecycle 757, (previously known as DOR 56), 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.

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