

DEPOT MONTHLY REPORTING FORM (BCP4)

Depot Name: _____ Licence Number: _____

Mailing Address: _____ Telephone Number: _____

Period Covered by This Return (mm/dd/yy): _____ From: _____

_____ To: _____

Designated Regional Processing Centre: _____

		Container Material and/or Type	GNWT Code	A	B	C	D	E	F
				Refundable Deposit Per Container	Depot Handling Fee Per Container	Total Quantity Received From Public	Total Refundable Deposit (A x C)	Total Handling Fee (B x C)	Total (D + E)
NON-ALCOHOL BEVERAGES	< 1.0 Litre	Glass	100	\$0.10	\$0.035				
		Aluminum	101	\$0.10	\$0.022				
		Plastic	102	\$0.10	\$0.022				
		Tetra Pak and Drink Pouch	103	\$0.10	\$0.022				
		Gable Top	104	\$0.10	\$0.022				
		Bi-Metal	105	\$0.10	\$0.022				
	≥ 1.0 Litre	Glass	200	\$0.10	\$0.035				
		Aluminum	201	\$0.10	\$0.045				
		Plastic	202	\$0.10	\$0.045				
		Tetra Pak and Drink Pouch	203	\$0.10	\$0.045				
		Gable Top	204	\$0.10	\$0.045				
		Bi-Metal	205	\$0.10	\$0.045				
		Bag-in-a-Box	206	\$0.10	\$0.045				
ALCOHOL BEVERAGES	< 1.0 Litre	Glass - Refillable Bottle	300	\$0.10	\$0.035				
		Glass - Non Refillable Bottle	301	\$0.10	\$0.035				
		Aluminum	302	\$0.10	\$0.022				
		Other Material	303	\$0.10	\$0.022				
	≥ 1.0 Litre	Glass - Other Than Wine or Spirits	400	\$0.10	\$0.035				
		Other Material - Other Than Wine or Spirits	401	\$0.10	\$0.045				
	Any Size	Any Material - Wine or Spirits	500	\$0.25	\$0.035				
TOTAL (SUM OF COLUMNS)									

NOTE: This form must be filed within 30 days of the end of each month, for the previous month for which beverage containers were received by the depot. The original signed copy of this form must be submitted to the Department of Environment and Natural Resources, one copy must be submitted to your designated processing centre, and one copy to be kept in your file.

I hereby certify that the above statements are true to the best of my knowledge and belief, and I undertake to comply with the provisions of the *Waste Reduction and Recovery Act* and the *Beverage Container Regulations*.

Prepared by (please print) _____ Signature _____ Title _____ Date (mm/dd/yy) _____