

PROCESSING CENTRE MONTHLY REPORTING FORM (BCP2)

Processing Centre Name: _____

Licence Number: _____

Mailing Address: _____

Telephone Number: _____

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

From: _____

To: _____

		Container Material and/or Type	GNWT Code	A	B	C	D	E	F
				Total Refundable Deposit and Depot Handling Fee Per Container	Processing Centre Handling Fee Per Container	Total Quantity Received From Depots	Total Paid to Depots (A x C)	Total Processing Centre Handling Fees (B x C)	Total (D + E)
NON-ALCOHOL BEVERAGES	< 1.0 Litre	Glass	100	\$0.135	\$0.025				
		Aluminum	101	\$0.122	\$0.020				
		Plastic	102	\$0.122	\$0.020				
		Tetra Pak and Drink Pouch	103	\$0.122	\$0.020				
		Gable Top	104	\$0.122	\$0.020				
		Bi-Metal	105	\$0.122	\$0.020				
	≥ 1.0 Litre	Glass	200	\$0.135	\$0.025				
		Aluminum	201	\$0.145	\$0.037				
		Plastic	202	\$0.145	\$0.037				
		Tetra Pak and Drink Pouch	203	\$0.145	\$0.037				
		Gable Top	204	\$0.145	\$0.037				
		Bi-Metal	205	\$0.145	\$0.037				
		Bag-in-a-Box	206	\$0.145	\$0.037				
ALCOHOL BEVERAGES	< 1.0 Litre	Glass - Refillable Bottle	300	\$0.135	\$0.025				
		Glass - Non Refillable Bottle	301	\$0.135	\$0.025				
		Aluminum	302	\$0.122	\$0.020				
		Other Material	303	\$0.122	\$0.020				
	≥ 1.0 Litre	Glass - Other Than Wine or Spirits	400	\$0.135	\$0.025				
		Other Material - Other Than Wine or Spirits	401	\$0.145	\$0.037				
	Any Size	Any Material - Wine or Spirits	500	\$0.285	\$0.025				
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 processing centre. The original signed copy of this form must be submitted to the Department of Environment and Natural Resources and one copy must 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) _____