

**BEVERAGE CONTAINERS PROGRAM
DISTRIBUTOR INFORMATION**

Distributor Name: _____

Location: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

Contact Person: _____


E-Mail Address: _____



MARKINGS / LABELLING

Attach a sample or photocopy of all labelling affixed to the container which will identify:

- (1) bilingual return for refund message,
- (2) product name
- (3) type and size of container



**Please
Remember**

(see labelling guidelines)



Return to:

Mark Miller
Coordinator, Beverage Container Program
Department of Environment & Local Government
P. O. Box 6000, 20 McGloin Street
Fredericton, New Brunswick E3B 5H1
Tel: (506) 453-7945
Fax: (506) 453-2390
E-mail: mark.miller@qnb.ca

COLLECTION SYSTEM

Will Encorp Atlantic Inc. be managing your containers?

Yes

No

If you have answered "yes", please go to question 4 and 5 below:

Will you be using an alternative method? If containers are to be managed in a manner independent of Encorp Atlantic Inc., please complete the following questionnaire:

1. Describe the means of retrieving empty beverage containers from retailers and redemption centres.

2. List the facilities used for refilling or recycling your empty beverage containers.

3. Describe the means of delivering empty beverage containers to the refilling or recycling facility.

4. How will you dispose of broken or contaminated beverage containers which cannot be refilled?

5. Are containers packaged or held together in such a way as to present a danger to wildlife?

Signature