# Alberta Used Oil Management Association
# Plastic Collector Return Incentive Claim Form

***Note: All fields must be completed***

| | | | | | |
|---|---|---|---|---|---|
| Collector Name | | | | Invoice No. | |
| Mailing Address | | | | | |
| City | | Prov. | | Postal Code | |
| Phone | | Fax | | Collector GST# | |
| AUOMA Registered Collector # | | | | For the month of | |
| Name of Processor: | | | | | |

| Pick-up Date | Recycle Docket # | Zone | No. of Pails | No. of Bags | Total Kgs. * | x zone rate | Amount Claimed |
|---|---|---|---|---|---|---|---|
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
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| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | - | - | - | Subtotal | - |
| | | | | | | GST @ 5% | - |
| | | | | | | **Total Claimed** | - |

**Ensure all verification documents are attached (recycle dockets/manifests, processor sign-off docket, weigh ticket.)**

*** Individual weight from each recycle docket or the total weight by zone.**

I certify that all of the information contained within this request is correct. I understand the information in this report is subject to audit. The detailed records which substantiate the information herein are available upon request.

I certify that, to the best of my knowledge, the materials included in this claim were generated within Alberta. I further acknowledge that I have read, and agree to be bound by, the terms and conditions in the appendices to the Lubricating Oil Material Product Management Program Manual for Processors and Collectors.

Name_____ Signature_____ Date_____

Processor Name_____ Signature_____ Date_____

Processor IDI# _____