British Columbia 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#	
BCUOMA 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
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
		TOTAL	-	-	-	Subtotal	-
						HST @ 12%	-
						Total Claimed	-

Ensure all verification documents attached (recycle dockets/manifests, processor sign-off docket, weigh ticket.) (*individual weight from each recycle docket or total weight)

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 British Columbia. 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 # _____