



FOR OFFICIAL USE ONLY
Date Received: _____
Registration Number: _____
Distributor: _____

RETAILER REFUND FOR EXEMPTED BAGS

1. Applicant (retailer): _____
2. Name refund should be addressed to (if different from name of applicant): _____
3. Mailing Address: _____

4. Name of Contact Person: _____
5. Telephone: _____ Fax: _____ Email: _____
6. Store address (If different from above) _____

7. Store phone: _____ Store Fax: _____
8. Number of exempted single-use retail bags (SRB) received from distributor(s): _____
9. Total number of single-use retail bags in shipment (exempted bags and SRBs to which SRB fees apply): _____
10. Total fees paid on purchase of SRBs _____
11. Total value of refund requested: _____
12. Purpose for which exempted bags will be used (please attach additional pages if necessary):

13. Please attach:
 - ✓ original proof of payment of SRB surcharge to distributor
 - ✓ proof that exempted bags, for which a refund is being sought, are visually different from SRBs, such as:
 - Distributor invoice showing different types of bags purchased for exempt and check-out purposes; and
 - Photographic or written description that shows a clear difference between types of bags (such as catalogue image or description from distributor, or photos of types of bags used for each purpose)

CERTIFICATION

I/We hereby certify that:

- 1. The above statements are true to the best of my/our knowledge and belief; and**
- 2. I am/We are the applicant(s) applying for the refund or I am/we are authorized to make this application on behalf of the applicant.**
- 3. I am/We will only use the bags for which a refund is being requested for the exempt purposes listed in (12). I/we will not use exempted bags for which a refund is granted for check-out purposes. I understand that using such bags for check-out purposes is against the *Single-use Retail Bag Regulations* and is subject to a penalty.**

Applicant's Name(s): _____

Applicant's Signature(s): _____

Date: _____

Please note that additional relevant information may be required to determine if a refund is in order. Should this be the case, the Chief Environmental Protection Officer, or his or her authorized delegate, will contact you.

For assistance in completing this form or to submit a completed application form, please contact:

Environment Division
 Department of Environment and Natural Resources
 Government of the Northwest Territories
 P.O. Box 1320
 Yellowknife NT X1A 2L9
 Attention: Waste Reduction Coordinator
 Phone: (867) 873-7654
 Fax: (867) 873-0221

Or, visit your local Environmental Protection Officer or Renewable Resources Officer.