

To name/company:

Authorised Representative:

For name/company:

PRE-LICENSING CONFIRMATION

Packaging Ordinance of 2014

PRE-LICENSED HOUSEHOLD PACKAGING

Legally binding declaration for pre-licensed household packaging in accordance with § 8 (2) Packaging Ordinance of 2014

All household packaging of the delivered goods of all tariff groups are licensed by the following collection and recovery system(s)

.....

for the time period of

PRE-LICENSED COMMERCIAL PACKAGING

Legally binding declaration for commercial packaging in accordance with §§ 10 and 11 Packaging Ordinance of 2014

All commercial packaging of the delivered goods of all tariff groups are licensed by the following collection and recovery system(s)

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for the time period of

Date: _____

Signature: _____

System Participant or Authorised Representative/Stamp:

To name/company:

Authorised Representative:

For name/company:

PRE-LICENSING CONFIRMATION

Packaging Ordinance of 2014

Only to be completed if reports are made to several collection and recovery systems at the same time in the same billing period, or if not all tariff groups are reported

PRE-LICENSED HOUSEHOLD PACKAGING

Legally binding declaration for pre-licensed household packaging in accordance with § 8 (2) Packaging Ordinance of 2014

and/or

PRE-LICENSED COMMERCIAL PACKAGING

Legally binding declaration for commercial packaging in accordance with §§ 10 and 11 Packaging Ordinance of 2014

Are licensed by the following systems				
For the period quarterly				
or annually				
Extent of the licensed packaging material: either 100 % or indicated in kg				
Packaging	Household	Household	Commercial	Commercial
Paper				
Glass			-----	-----
Ferrous metals				
Aluminium				
Plastics			-----	-----
Bonded drinks cartons			-----	-----
Composite packaging, except bonded drinks cartons				
Foil, incl. strap and tape	-----	-----		
Hollow bodies	-----	-----		
EPS (expanded polystyrene)	-----	-----		
Ceramics				
Wood				
Textile fibre materials				
Biogenic packaging materials				

Date: _____

Signature: _____

System Participant or Authorised Representative/Stamp: