Revised 8/09

ANNUAL REPORT FORM
CLASS D (USED OIL ONLY) RECYCLING CENTERS

January 1 thru December 31_____
(Year)

FACILITY NAME: _____ **FACILITY ID#**_____

REPORTED BY: _____ **PHONE#** _____
(Print)

COUNTY OF ORIGIN:_____ **DATE:**_____
(Use separate form for each County)

(List Materials in Gallons)

MUNICIPALITY (IES)	USED OIL	OIL RESIDUE	ANTIFREEZE	OTHER
TOTAL				

(Make additional copies as necessary)

I certify that the information entered above is true to the best of my knowledge.

Signature:_____Title:_____ Date _____

THIS FORM MUST BE RECEIVED BY MARCH 1st OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
Bureau of Recycling and Planning
P. O. Box 414
Trenton, NJ 08625-0414
Attn: Carol Puca