New Jersey Department of Environmental Protection
Division of Solid and Hazardous Waste

2001 CLASS D RECYCLING CENTERS
(January 1, 2001 through December 31, 2001)

Facility Name:_____ **Facility ID #:**_____

Report Submitted By:_____ **Phone #:**_____

County of Origin: _____ **Date:** _____

Municipality (ies)	Used Oil	Oil Residue	Other	TOTAL
TOTAL				

(Make additional copies of Class D Annual Report Form 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 MAY 1, 2001
New Jersey Department of Environmental Protection
Division of Solid and Hazardous Waste
Bureau of Recycling and Planning
PO Box 414
Trenton, NJ 08625
Attn: Rose Ann Simon