

**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: _____
(Use separate form for each County of Origin)

(List Materials in Gallons)

MUNICIPALITY (IES)	USED OIL	OIL RESIDUE	ANTIFREEZE
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
Division of Solid and Hazardous Waste
Bureau of Recycling and Planning
P.O. Box 420, Mail Code 401-02C
Trenton, NJ 08625-0420
Attn: Carol Puca