

**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 **APRIL 1ST** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

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