



Iowa Department of Natural Resources
**Cathode Ray Tube (CRT) Device Recycling
Facility Annual Activity Report**



January 1, ____ – December 31, ____
Due on or before February 1st

CRT Recycling Permit Number: _____

Or CRT Collection Registration Number: _____

Responsible Official: _____

Facility Name: _____

Address: _____

Address: _____

City, State Zip: _____

Mail completed form to:

Iowa Department of Natural Resources
Land Quality Bureau
502 E 9th St
Des Moines, IA 50319

Fax to: 515-725-8202 Attn: Sue Johnson

Or Email to: Susan.Johnson@dnr.iowa.gov

You may report the quantities of CRT's you collected from your customers in either **total Weight** or **Total Count**. Please select only one type of reporting method.

122.11(4) - Materials received from: ☐ **Businesses and Institutions** and/or ☐ **Households**

Rule Reference	Rule	Weight (in pounds)	◀ OR ▶	Volume (number)
122.11(1)	Discarded CRTs and processed CRT glass onsite on January 1 of reporting year.			
122.11(2)	Discarded CRTs and CRT glass recycled or transferred for recycling during the calendar year.			
122.11(3)	Discarded CRTs and processed CRT glass onsite on December 31 of the reporting year.			

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Printed Name: _____

Phone: _____

Email: _____

Fax: _____

Signature: _____

Date: _____