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
6200 Park Ave Ste 200
Des Moines, IA 50321
Fax to: 515-725-8201 Attn: Chad Stobbe
Or Email to: Chad.Stobbe@dnr.iowa.gov

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

102.710(4) - Materials received from: ☐ **Businesses and Institutions** **and/or** ☐ **Households**

Rule Reference	Rule	Weight (in pounds)		Volume (number)
102.710(1)	Discarded CRTs and processed CRT glass onsite on January 1 of reporting year.		◄ OR ►	
102.710(2)	Discarded CRTs and CRT glass recycled or transferred for recycling during the calendar year.			
102.710(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:** _____