

Signature:

IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Collection Facility



COLLECTION REGISTRATION FORM

New Registration	-CRT	- To be filled in by agency
FACILITY CONTACT INFORMATION		
Facility Information		
Name:		Phone:
Address:		Fax:
City, State, Zip:	E-mail:	
Responsible Official for the Facility		
Name:		Phone:
		Fax:
City, State, Zip:	E-mail:	
CRT Drop-off Location (if different than	mailing address):	
OR IAC 567 122.5(2) - If the facility is	is aware that CRT collection is taking pla	the property for CRT collection. a statement, signed by the property owner, ace at the site and property owner may be
Property Owner Design		Representative of the property owner
application. I acknowledge that I or that are ongoing or proposed for the the issuance by the lowa Department Tubes on the property and the terms from any liability, duty, or responsible.	ne owner or the representative of the own the owner I represent have been inform the property and consent to those uses and the of Natural Resources, of a Permit/Regi	ed and are aware of the uses and activities d activities. Furthermore, I understand that istration to collect and recycle Cathode Ray do not relieve the owner of the Property
	CERTIFICATION	
	am the owner, operator, or authorized r	representative of the owner or operator and e, and that I believe the information is true,
Printed Name:		Phone:
Email:		Fax:
Signature: Ruik	Surt	Date:

Return completed application with attached information to: Iowa Department of Natural Resources, Solid Waste Section, 502 E 9th St, Des Moines IA 50319-0034.