



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



January 1, \_\_\_\_\_ – December 31, \_\_\_\_\_  
 Due on or before February 1<sup>st</sup>

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 9<sup>th</sup> St  
 Des Moines, IA 50319  
**Fax to:** 515-725-8202 Attn: Sue Johnson  
**Or Email to:** [Susan.Johnson@dnr.iowa.gov](mailto: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:** \_\_\_\_\_