



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: 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)		Volume (number)
122.11(1)	Discarded CRTs and processed CRT glass onsite on January 1 of reporting year.		◀ OR ▶	
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:** _____