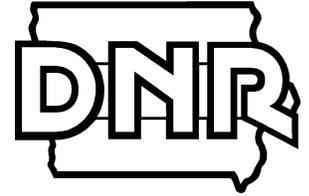


Iowa Department of Natural Resources
**Cathode Ray Tube (CRT) Device Recycling
 Facility Annual Activity Report**



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:** _____