



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 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.		
122.11(2)	Discarded CRTs and CRT glass recycled or transferred for recycling during the calendar year.		◀ OR ▶
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: Erik Laiti **Date:** _____