



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  
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](mailto: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.		◀ 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:** \_\_\_\_\_