

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017**SECTION 1 – FACILITY INFORMATION****FACILITY INFORMATION**

FACILITY NAME: karl auto collision			
FACILITY LOCATION ADDRESS: 177-16 liberty avenue	FACILITY CITY: jamaica	STATE: ny	ZIP CODE: 11433
FACILITY TOWN: jamaica	FACILITY COUNTY: queens	FACILITY PHONE NUMBER: 718 657 8665	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). New york city			NYSDEC REGION #: 2
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7073615	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Retail Auto sales, Repair, Distmantler	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: doodnauth persaud	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 7186578665	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: karlauto@nyc.rr.com			
OWNER INFORMATION			
OWNER NAME: doodnauth persaud	OWNER PHONE NUMBER: 7188310130	OWNER FAX NUMBER:	
OWNER ADDRESS: 8315 249 st	OWNER CITY: bellerose	STATE: ny	ZIP CODE: 11426
OWNER CONTACT: doodnauth persaud	OWNER CONTACT EMAIL ADDRESS: KarlAuto@NYC.RR.COM		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2017? Yes; Complete this form. No; Complete and submit Sections 1 and 11.

• Provide the number of ELVs received from January 1 to December 31: 0

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 0

• Provide the number of ELVs stored at the facility as of December 31: 0

• Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 0

• Provide the approximate area used for the storage of vehicles (acres): 1/8th acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) _____

2) _____

3) _____

If your facility has **received 25 or fewer ELVs** during the year **AND stored no more than 50 ELVs** at any one time check this box and complete only sections 3, 4, and 11.

If not, leave this box blank.

→▶ Please, write "Not Applicable" on sections that do not pertain to your facility.

If your facility has **not processed or stored ANY ELVs** during the year, check this box and complete only section 9.

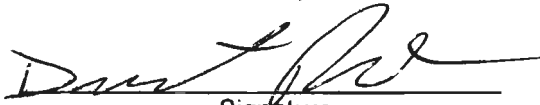
If not, leave this box blank

→▶ Please, write "Not Applicable" on sections that do not pertain to your facility.

**IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACILITY,
COMPLETE THE ENTIRE FORM BELOW:**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.


Signature

2-27-18

Date

doodnauth persaud

Name (Print or Type)

owner

Title (Print or Type)

karlauto@nyc.rr.com

Email (Print or Type)

177-16 liberty avenue

Address

jamaica

City

ny, 11433

State and Zip

(718) 657-8665

Phone Number