

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

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

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OFFICE OF
GENERAL SERVICES

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: MAGNUM BODY SHOP INC			
FACILITY LOCATION ADDRESS: 185A MASPETH AVE	FACILITY CITY: BROOKLYN	STATE: NY	ZIP CODE: 11211
FACILITY TOWN:	FACILITY COUNTY: KINGS	FACILITY PHONE NUMBER: 718 415 3315	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7091251	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISM	NYS DEC ACTIVITY CODE: 2	
FACILITY CONTACT: BART	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 718 415 3315	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: BART BUCHMAN	OWNER PHONE NUMBER: 718 415 3315	OWNER FAX NUMBER:	
OWNER ADDRESS: 185 A MASPETH AVE	OWNER CITY: BROOKLYN	STATE: NY	ZIP CODE: 11211
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: BARTAUTO SMART@YAHOO.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 type="checkbox"/> Facility Contact <input checked="" 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.

SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**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.

Buchman
Signature

2/20/18
Date

BART BUCHMAN
Name (Print or Type)

PRESIDENT
Title (Print or Type)

BARTAUTO SMART @ YAHOO.COM
Email (Print or Type)

185A MASPEETH AVE
Address

BROOKLYN
City

NY, 11211
State and Zip

(718) 415 3315
Phone Number

ATTACHMENTS: YES NO