

**MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR  
VEHICLE DISMANTLING FACILITIES**

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

**SECTION 1 - FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: MULLER'S AUTO BODY			
FACILITY LOCATION ADDRESS: 417 RT 97	FACILITY CITY: SPARROWBUSH	STATE: NY	ZIP CODE: 12780
FACILITY TOWN: DEERPARK	FACILITY COUNTY: ORANGE	FACILITY PHONE NUMBER: 845-313-8227	
FACILITY NYS PLANNING UNIT: ORANGE COUNTY			NYSDEC REGION #: R3
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7001308	REGISTRATION TYPE (Vehicle Diamond, Mobile Crusher, etc.): DISMANTLER	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Ken Muller	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 845-313-8227	CONTACT FAX NUMBER: KCM5977@GMAIL.COM
CONTACT EMAIL ADDRESS: KCM5977@GMAIL.COM			
OWNER INFORMATION			
OWNER NAME: Ken Muller	OWNER PHONE NUMBER: 845-313-8227	OWNER FAX NUMBER:	
OWNER ADDRESS: PO Box 455	OWNER CITY: SPARROWBUSH	STATE: NY	ZIP CODE: 12780
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: KCM5977@GMAIL.COM		
OPERATOR INFORMATION			
OPERATOR NAME: [Signature]	<input type="checkbox"/> public <input checked="" type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2018? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> 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  
 825 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.

Kenneth C. Moller  
Signature

2-10-17  
Date

Kenneth C. Moller  
Name (Print or Type)

owner  
Title (Print or Type)

KCM5977@P.G.MAIL.COM  
Email (Print or Type)

PO BOX 488  
Address

Spartanburg  
City

New York 12780  
State and Zip

(845) 513-8327  
Phone Number

ATTACHMENTS:  YES  NO