

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

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: ABC Recycled Auto Parts Inc			
FACILITY LOCATION ADDRESS: 250 Walnut Road	FACILITY CITY: Mechanicville	STATE: NY	ZIP CODE: 12118
FACILITY TOWN: Stillwater	FACILITY COUNTY: Saratoga	FACILITY PHONE NUMBER: 518 664 6666	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Keven Wood 232 Golf Course Road Warrensburgh NY 12885			NYSDEC REGION #: 5
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7077289	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Repair	NYS DEC ACTIVITY CODE: 5	
FACILITY CONTACT: Jack Cox	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 1-518 664.6666	CONTACT FAX NUMBER: 1-518 238 1114
CONTACT EMAIL ADDRESS: N/A			
OWNER INFORMATION			
OWNER NAME: Jack Cox	OWNER PHONE NUMBER: 518 664 6666	OWNER FAX NUMBER: 518 238 1114	
OWNER ADDRESS: 9 Doon ST	OWNER CITY: Troy	STATE: NY	ZIP CODE: 12180
OWNER CONTACT: 1-518 664 6666	OWNER CONTACT EMAIL ADDRESS: N/A		
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 type="checkbox"/> Facility Contact <input checked="" 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.

Jack B Cox
Signature

3/1/2018
Date

Jack B Cox
Name (Print or Type)

owner
Title (Print or Type)

Email (Print or Type)

250 Walnut RD
Address

Mechanicville
City

New York 12118
State and Zip

(518) 664-6666
Phone Number

ATTACHMENTS: YES NO