

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

RECEIVED

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: TNT TOWING			
FACILITY LOCATION ADDRESS: 130 E FLORENCE AVE	FACILITY CITY: Syracuse	STATE: ny	ZIP CODE: 13205
FACILITY TOWN: onondaga	FACILITY COUNTY: onondaga	FACILITY PHONE NUMBER: 315-469-0800	
FACILITY NYS PLANNING UNIT: 7			NYSDEC REGION #: 7
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7049879	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): IVC	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Roger Henson	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-469-0800	CONTACT FAX NUMBER: 315-492-9311
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: roger henson	OWNER PHONE NUMBER: 315-469-0800	OWNER FAX NUMBER: 315-492-9311	
OWNER ADDRESS: 130 e florence ave	OWNER CITY: syracuse	STATE: ny	ZIP CODE: 13205
OWNER CONTACT: 315-469-0800	OWNER CONTACT EMAIL ADDRESS: rogerh62@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 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.

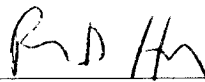
SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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.


Signature

2/22/2018
Date

Roger Henson
Name (Print or Type)

owner
Title (Print or Type)

rogerh62@yahoo.com
Email (Print or Type)

130 E florence ave
Address

syracuse
City

ny 13205
State and Zip

(315) 469 0800
Phone Number

ATTACHMENTS: YES NO