

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). Keenwood 232 Golf Course Road Warnersburgh 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 Bonnie (ex) Patterson	<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 (Bonnie ex) Patterson	OWNER PHONE NUMBER: 518 664 6666	OWNER FAX NUMBER: 518 238 1114	
OWNER ADDRESS: 9 Down St 1112 Huntington	OWNER CITY: Fry Nichols Hills	STATE: NY	ZIP CODE: 12186
OWNER CONTACT: 1-518 664 6666 405-473-6210	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 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Bonnie J. Patterson
Signature

6/21/19
Date

Bonnie Patterson
Name (Print or Type)

Exe. Jack B. Cox Sr.
Title (Print or Type)

N/A
Email (Print or Type)

1112 Huntington Ave.
Address

Nichols Hills
City

OK 73116
State and Zip

405-423-6210
Phone Number

ATTACHMENTS: YES NO