VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE **CRUSHER ANNUAL REPORT**

RECEIVED

Submit the Annual Report no later than March 1, 2020. This

annual report is for the year of operation from <u>January 01, 2019</u> to <u>December 31, 2019</u>

MAR 1 9 2020

SECT	ION 1 - FACILITY INFORMATI	ON		NYSDEC - Region	
	FACILITY INFORMATION			nvironmental Qual	
FACILITY NAME: Tucker's Auto Salvage					
FACILITY LOCATION ADDRESS:	FACILITY CITY: STA			ZIP CODE:	
5125 State Route 11	Burke		NY	12917	
FACILITY TOWN:	FACILITY COUNTY:	FACI	LITY PHO	NE NUMBER:	
Burke	Franklin 5		518-483-5478		
FACILITY NYS PLANNING UNIT: (A list of I County of Franklin Solid Waste Management Authority	NYS Planning Units can be found at the end o (CFSWMA)	f this repo		rsdec EGION #:5	
FACILITY TYPE: Vehicle Dismantler DMV I.D. #relinqyished		NYS DE	C ACTIVIT	TY CODE:	
FACILITY CONTACT:	public CONTACT PHONE		CONTACT	FAX NUMBER:	
Tucker's Auto Salvage	☑ private NUMBER: 518 483-5478 N/A				
CONTACT EMAIL ADDRESS:					
	OWNER INFORMATION				
owner name: Raymond Tucker	OWNER PHONE NUMBER: 518 - 483 - 5478	OWNER FAX NUMBER: N/A			
OWNER ADDRESS: 5125 State Route 11			STATE:	ZIP CODE: 12917	
OWNER CONTACT: N/A	OWNER CONTACT EMAIL ADDR	ESS:			
	OPERATOR INFORMATION				
OPERATOR NAME: same as owner			□public ☑private		
	PREFERENCES				
Preferred address to receive correspondent Other (provide):	Ce: Facility location address	0	wner address	S	
Preferred email address: Facility Contact Other (provide):	Owner Contact			*	
Preferred individual to receive corresponder Other (provide):	nce: Facility Contact Own	er Contact			
Did you operate in 2019? Yes; Comple	ete this form.				
☑ No; Comple	te and submit Sections 1 and 12.				

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.

Paymond tucker	2/29/2020			
Signature	Date			
Raymond Tucker	Owner			
Name (Print or Type)	Title (Print or Type)			
N/A				
Email (Print	Email (Print or Type)			
5125 State Route 1	Burke			
Address	City			
New York 12917	51,483,5478			
State and Zip	Phone Number			

ATTACHMENTS YES NO

BENJAMIN THORNE

Automotive Facilities Inspector | Vehicle Safety Services

5801 East Taft Road, Syracuse, NY 13212 315-458-6683 | Fax: 315-458-8468 Benjamin.Thorne@dmv.ny.gov dmv.ny.gov

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REGION 4

Fax: (315) 458-8468

bush Rd. 5801 East Taft Rd. N. Syracuse, NY 13212-3293 (315) 458-6683

Buffalo, NY 14206 (716) 826-3187 Fax: (716) 826-3193

REGION 5

334 Dingens St.

REGION 6 92-11 179th Place Jamaica, NY 11433 (718) 526-8546

Fax: (718) 526-1934

CEIPT FOR ITEMS

Facility Name: Ksylmonk A Address: S) S State Rice	Inches DBA Inches	And Ja Facility Numbe	r: 4170067
Address: S)) S State Rte	1 Brke NY 12917	Compliance Da	ate: 9//19//9
Reason for Surrender: Out at busin			
ltems stored a	t RO CO Items to		
	BUSINESS CERTIFICA	ATE:	
RS RSB ISP ISD	☐ISF ☐ DLN ☐ DLU ☐	DLW TRS A	OTHER Dismatle
	INSPECTION CERTIFICATES	NUMBERS	4-73-17-38-17-1
SAFETY	SAFETY/EMISSIONS	MOTORCYCLE	HEAVY
-			
Certified Inspector Name:	, and 4		1500270
valle.	CIN #:_		Exp. Date:
MV-50's	OTHER ITEMS DEALER/TRANSPORTER I	PLATES	DEALER ISSUED PLATES
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-			
	_		
MV-907A's:			
Received By: Benjanin Thom	1	Received Date:	9/10/19
Date Returned:	Returned To:		1118//
6-203 (8/07)	ORIGINAL - FACILITY	,	

Facility Telephone Number () A Trukers Anto Sm	100y	out of Business
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name)	Journ 1	
	les-s-	
	State	Zip Code
	1// 1/7	12917
rendered to the Bureau of Consu ast be signed by an officer, owner ory's government-issued photo II	mer & Facility Services must be ship r, principal or partner of the above list D.	pped with this form.
ems that must be surrendered to rrendered to the appropriate DM ns inspection station license, t	the Bureau of Consumer & Facility V office. there will be the following consequence.	Services are being shipped v
		- C
 If I/we apply to become a publ 	lic emissions inspection station, the a	application will be for
ny public emissions inspection st	lation license as allowed by 15 NYC	RR 79.7 (f) (3)
es of surrendering my public em	issions inspection station license.	
in ite tr		
		Date ·
- els - a		9-18-2016
ms that must be surrendered to the on the shipping carrier that you n	Due to illness ne appropriate address for the Bureau use, see page 2). Fill out the table belo	
ms that must be surrendered to th	ne appropriate address for the Bureau use, see page 2). Fill out the table below	of Consumer & Facility Serv
	hat were issued to each facility the rendered to the Bureau of Consumors is be signed by an officer, owner ory's government-issued photo Illerincipal or officer of the busines that must be surrendered to trendered to the appropriate DM instruments in the surrender of my license, to orm, the surrender of my license ess, if I/we wish to become a public be subject to placement on a warmy public emissions inspection states of surrendering my public emissions inspection states of surrendering my public emissions.	Scrap Collector Scrap Processor Snowmobile Dealer Boat Dealer hat were issued to each facility that is permanently out of business (see rendered to the Bureau of Consumer & Facility Services roust be ship at be signed by an officer, owner, principal or partner of the above list ory's government-issued photo ID. principal or officer of the business named in this request form, and the state must be surrendered to the Bureau of Consumer & Facility prendered to the appropriate DMV office. In sinspection station license, there will be the following consequence, the surrendered of my license is final and cannot be undone. The surrender of my license is fina