



Department of Environmental Conservation

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

Submit the Annual Report no later than March 1, 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>RB's Used Parts</i>			
FACILITY LOCATION ADDRESS: <i>1522 County Rte 16</i>	FACILITY CITY: <i>Tannersville</i>	STATE: <i>NY</i>	ZIP CODE: <i>12485</i>
FACILITY TOWN: <i>Hunter</i>	FACILITY COUNTY: <i>Greene</i>	FACILITY PHONE NUMBER: <i>518-821-2383</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Greene</i>			NYSDEC REGION #: <i>4</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <i>7085660</i>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <i>Reginald Bates</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518-821-2383</i>	CONTACT FAX NUMBER: <i>518-589-5651</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Reginald Bates</i>	OWNER PHONE NUMBER: <i>518-821-2383</i>	OWNER FAX NUMBER: <i>518-589-5651</i>	
OWNER ADDRESS: <i>PO Box 574</i>	OWNER CITY: <i>Tannersville</i>	STATE: <i>NY</i>	ZIP CODE: <i>12485</i>
OWNER CONTACT: <i>Reginald Bates</i>	OWNER CONTACT EMAIL ADDRESS: <i>rb12485@gmail.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<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 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 2021?  Yes; Complete this form.

No; Complete and submit Sections 1 and 13

**SECTION 13 - 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.

Reginald Bates  
Signature

2/22/22  
Date

Reginald Bates  
Name (Print or Type)

Owner  
Title (Print or Type)

rb 12485 @ gmail . Com  
Email (Print or Type)

PO Box 574  
Address

Tannersville  
City

NY 12485  
State and Zip

(518) 821 2383  
Phone Number

ATTACHMENTS:  YES  NO

## Attachment for Final Annual Report For 2021

As per reports with attachments from 2019 and 2020 dismantlers license was not renewed as of August 2019. If you review 2019 report with attachment, and 2020 report with attachment, that should conclude that the final report was filed for 2020.