



20 ANNUAL REPORTING FORM FOR USED OIL COLLECTION CENTERS

If you have questions on how to fill out this form or about the Used Oil Recycling Program, please contact us at 512/239-6832, option 2. Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. Any administrative changes must be made on the TCEQ Core Data Form (TCEQ 10400). To review such information, contact us at 512/239-3282.

Please return completed form to the TCEQ by JANUARY 25, 20 .

TCEQ Registration #:

Name of Collection Center:

Mailing Address:

Physical Address of Collection Center:

Contact Representative/Title:

Phone:

Please review the above information and make any necessary corrections and changes on the TCEQ Core Data Form (TCEQ-10400)

USED OIL COLLECTED between January 1, 20 and December 31, 20 (report in gallons)

Table with 3 columns: From Household Do-It-Yourselfers, From Other Generators, From Your Facility (optional)

Who picks up your used oil? (If there are more than two transporters, please continue list on the back of this page.)

Transporter Name: Address:

Phone:

Transporter Name: Address:

Phone:

Failure to disclose to the Commission any of the required information may result in loss of state contracts, non-issuance of registration or non-renewal of registration.

CERTIFICATION STATEMENT

I certify that the above information is true and correct to the best of my knowledge and that I will abide by TCEQ rules governing the collection, management and recycling of used automotive oil and used oil filters.

Signature:

Date:

Signature Line 1

Print Name:

Any changes will have to be reported on the TCEQ Core Data Form TCEQ-10400 and/form TCEQ-0533 and attached to this report.

We appreciate your cooperation in completing this report which is required by the Texas Administrative Code Sections 324.7(1)(E) and 324.7(2)(E).

Texas Commission on Environmental Quality Used Oil Recycling Program/Registration and Reporting Section (MC-129) P.O. Box 13087, Austin, Texas 78711-3087

Additional Transporters

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address:

Transporter Name: Phone:
Address: