

Kentucky Division of Waste Management
Used Oil Registration

Transporters and Recyclers Complete this Section

Installation Name: _____

Address: _____

Type of Filing: P. O. Box or Street City State Zip Code
Annual Report Registration Type of Activity Recycling Transportation

Filing Period Beginning _____ Ending _____

1. Attach Copy of receipt used and list below where records are maintained. _____

2. Used oil in possession at beginning of reporting period (January 1, 20____) _____ Gallons

3. Used oil in possession at end of reporting period (December 31, 20____) _____ Gallons

Used Oil Recyclers Complete this Section

4. Amount of Used Oil Recycled and Plant Capacity (in terms of incoming used oil):

	Processed During Year	Plant Capacity
a. Re-refined as motor vehicle oil	_____ Gallons	_____ Gallons/Year
b. Re-refined as industrial oil	_____ Gallons	_____ Gallons/Year
c. Processed into fuel oil	_____ Gallons	_____ Gallons/Year
d. Used in the manufacturer of asphalt	_____ Gallons	_____ Gallons/Year
e. Lost in processing including residues	_____ Gallons	_____ Gallons/Year
f. Others (explain) _____	_____ Gallons	_____ Gallons/Year

g. Totals _____ Gallons _____ Gallons / Year

5. If Plant was not operated at capacity, Please explain reason why (Plant Breakdown, Strike, Lack Used Oil, Lack of Market for Product, Etc.) _____

Used Oil Transporters Complete This Section

6. License Number of Vehicles Hauling Used Oil. 7. Area from which Used Oil is to be collected (List KY. Counties).

- | | | |
|----------|----------|-----------|
| 1. _____ | 1. _____ | 9. _____ |
| 2. _____ | 2. _____ | 10. _____ |
| 3. _____ | 3. _____ | 11. _____ |
| 4. _____ | 4. _____ | 12. _____ |
| 5. _____ | 5. _____ | 13. _____ |
| 6. _____ | 6. _____ | 14. _____ |
| 7. _____ | 7. _____ | 15. _____ |
| 8. _____ | 8. _____ | 16. _____ |

8. Total Amount Collected During Year Ended December 31, 20____; _____ Gallons

9. Transfer Facilities Operated

	A.	B.	C.
Location	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Zip Code	_____	_____	_____
Capacity	_____	_____	_____

Please Attach Additional Sheets if More Space is Needed.

The Above Information is True and Correct to the Best of My Knowledge and Belief

Company Representative

Title

Signature

Date