



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME Vintage Tech LLC		ADDRESS 525 NW Parkway Blvd.	
CITY Riverside	STATE MO	ZIP CODE 64150	TELEPHONE NUMBER 816-569-6306
2. OWNER (OTHER) NAME Karrie Gibson		TITLE CEO-President	
TELEPHONE NUMBER 630-305-0922	CELL PHONE NUMBER N/A	FAX NUMBER 815-676-3086	
WEB SITE ADDRESS www.vintagetechrecyclers.com		E-MAIL ADDRESS tina.krstulic@vintagetechrecyclers.com	

3. PERSON FILLING OUT THIS FORM:
Stephany Wojtczak - EHS Manager

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN Riverside	COUNTY Platte	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Karrie Gibson - Founder		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 7	NUMBER OF VOLUNTEERS N/A	YEARS IN E-SCRAP BUSINESS 8

7. SERVICES THIS FACILITY PROVIDES (CHECK ALL THAT APPLY)

Broker Collector Charity/Service Demanufacturer Government
 Refurbisher/Reseller Transporter Other _____

Attach a detailed explanation of each.

8. LIST E-CYCLING EQUIPMENT USED.
Power tools, balers, shrinkwrapper, hard drive pucher.

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
Equipment is dropped off by businesses/residents or picked up by Vintage Tech employees (truck). Equipment is sorted & palletized into categories. Some equipment is dismantled to commodities & shipped to responsible recyclers. Hard drives are destroyed. Reusable equipment is sent to Chicago VT location for testing & resale.

PLEASE RETURN THIS ORIGINAL TO Missouri Department of Natural Resources – Hazardous Waste Program P.O. Box 176 Jefferson City, Missouri 65102-0176 (573) 751-3176	OFFICE USE ONLY
	DATE RECEIVED

10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO," OR IF ONLY A PORTION ARE DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS? <input type="checkbox"/> RESELL _____% <input type="checkbox"/> EXPORT _____%
11. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF "YES," WHAT ITEMS ARE SHREDDED?

12. WHAT OTHER SERVICES DOES THIS FACILITY PROVIDE? (CHECK ALL THAT APPLY)

HARD DRIVE ERASURE/DESTRUCTION (SECURE DATA DESTRUCTION) PALLETIZING AND PICKUP

PRODUCT TRACKING THROUGH FINAL DISPOSITION OTHER Collection events

13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY)

Monitor 7.5 CD/CDRW Drive _____ Desktop CPU _____ DVD Drive _____

Floppy Drive _____ Hard Drive _____ Laptop _____ Modem _____

Notebook _____ Printer _____ Router _____ Scanner _____

Speakers _____ Zip Drive _____ Other Household electronics

If there is a collection fee, please indicate the amount on the line next to each item.

14. TYPES OF POCKET PC'S ACCEPTED (CHECK ALL THAT APPLY)

Battery back-up _____ Data Cartridge _____ PC and digital camera _____ Server _____

If there is a collection fee, please indicate the amount on the line next to each item.

15. TYPES OF COMMUNICATION DEVICES ACCEPTED (CHECK ALL THAT APPLY)

Answering Machine _____ Cellular Telephone _____ Corded Telephone _____ Cordless Telephone _____

Pager _____ Other _____

If there is a collection fee, please indicate the amount on the line next to each item.

16. OTHER TYPES OF EQUIPMENT ACCEPTED (CHECK ALL THAT APPLY)

Adding Machine _____ Fax Machine _____ Photocopier _____ Multifunction Machine _____

Television 15-25 Other _____

If there is a collection fee, please indicate the amount on the line next to each item.

SECTION B: COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

17. EPA IDENTIFICATION NO., IF APPLICABLE 000544684	MISSOURI IDENTIFICATION NO., IF APPLICABLE 044609	RESOURCE RECOVERY CERTIFICATION NO., IF APPLICABLE
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18. HAS YOUR COMPANY EVER BEEN INSPECTED?
 Yes No

19. FEDERAL, STATE AND LOCAL ENVIRONMENTAL LAW COMPLIANCE HISTORY. ATTACH THE FOLLOWING INFORMATION

a. List of all federal, state, or local environmental agency inquiries and enforcement actions during the past 5 years.

b. Reports to government agencies during the past 5 years

20. ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS

Air Permit Building Permit Business Permit Occupancy Permit

Missouri Hazardous Waste Management Facility Part I Permit Hazardous and Solid Waste Amendments Part II Permit

Resource Recovery Certification Solid Waste Permit Storm Water Permit Transportation/Licensure

Zoning Permit Other _____

SECTION C: END-USE MARKETS

21. Approximately 1 % (by weight) of 735 tons per year of all equipment received is landfilled or incinerated for disposal. Attach handling and processing documentation, including the demanufacturing and disposition process and reuse/recycling end markets documentation (examples: landfill receipts, brokering contracts, recycler contracts, etc).

22. DO YOU EXPORT, OR BROKER FOR EXPORT, WORKING USED EQUIPMENT?
 Yes No

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT

23. DO YOU EXPORT, OR BROKER FOR EXPORT, NON-WORKING USED EQUIPMENT?
 Yes No

Attach documentation showing that your company obtained consent from the importing country through the U.S. EPA, Region 7 Director.

24. Attach documentation from your downstream vendors showing their management procedures and their respective downstream vendors.

SECTION D: RISK MANAGEMENT

25. DO YOU HAVE A CLOSURE PLAN?

 Yes No

Attach a copy of the plan.

26. DO YOU HAVE GENERAL LIABILITY INSURANCE?

 Yes No Amount of Coverage _____

Attach a copy of the policy.

27. DO YOU HAVE OTHER TYPES OF INSURANCE?

 Yes No

List the type and amount of coverage and attach a copy of the policy.

DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE

[Original signature on file]

DATE

10/24/2013

PRINTED NAME

Stephany Wojtczak

TITLE

EHS Manager