



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
TRANSPORTER'S USED OIL ANNUAL REPORT

Note: Complete separate summary reports for each facility or secondary transporter used.		SECTION A: REPORT IDENTIFICATION	
		For the 12 months ending 6/30/ Page of	
SECTION B: TRANSPORTER INFORMATION			
1. TRANSPORTER NAME		2. EPA ID NUMBER	
3. ADDRESS (PHYSICAL LOCATION)		4. US DOT ID NUMBER	
5. CITY	6. STATE	7. ZIP CODE	8. TELEPHONE NUMBER WITH AREA CODE
Note: If this report summarizes used oil shipments made to a receiving facility, complete Section C. If this report summarizes used oil shipments delivered to another transporter, complete Section D.			
SECTION C: RECEIVING FACILITY INFORMATION			
Complete this section only if waste summarized was delivered to a facility. Summarize shipments in Section E.			
9. FACILITY NAME (LOCATION WHERE USED OIL WAS DELIVERED)		10. FACILITY EPA ID NUMBER	
11. FACILITY SITE ADDRESS (PHYSICAL LOCATION)		12. FACILITY MISSOURI ID NUMBER	
5. CITY	6. STATE	7. ZIP CODE	8. TELEPHONE NUMBER WITH AREA CODE
SECTION D: ACCEPTING TRANSPORTER INFORMATION			
Complete this section only if waste summarized was transferred to another transporter. Summarize shipments in Section E.			
17. TRANSPORTER NAME		18. TRANSPORTER EPA ID NUMBER	
19. TRANSPORTER'S ADDRESS (PHYSICAL LOCATION)		20. TRANSPORTER U.S. DOT NUMBER	
21. CITY	22. STATE	23. ZIP	24. TELEPHONE
SECTION E: USED OIL IDENTIFICATION			
25. Description of used oil delivered to above named facility or transporter.	26. Final Handling Code	27. Total gallons of used oil	
A.	T-		
B.	T-		
C.	T-		
D.	T-		
SECTION F: CERTIFICATION STATEMENT			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.			
PRINT NAME		SIGNATURE	DATE
Return form with original signature to: Missouri Department of Natural Resources Hazardous Waste Program P.O. Box 176 Jefferson City, MO 65102 573-751-3176			