



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
HOST SITE SELF-AUDIT



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME Altec Solutions Group, Inc			
ADDRESS 3045 East Chestnut Expressway	CITY Springfield	STATE MO	ZIP CODE 65802
NEAREST CITY OR TOWN Nixa		COUNTY Green	
TELEPHONE NUMBER (WITH AREA CODE) (417) 862-6161	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (417) 881-4101	FAX NUMBER (WITH AREA CODE) (417) 862-6191	
WEB SITE ADDRESS www.AltecSales.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) sales@altecsales.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 10	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 20+	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Michael Van Matre 100%			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME Michael Van Matre	TITLE Owner		
ADDRESS 3045 East Chestnut Expressway	CITY Springfield	STATE MO	ZIP CODE 65802
TELEPHONE NUMBER (WITH AREA CODE) 417-862-6161	CELL PHONE NUMBER (WITH AREA CODE) 417-881-4101	YEARS IN E-SCRAP BUSINESS 10+	

3. PERSON FILLING OUT THIS FORM

NAME CEO	TITLE CEO
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4. TYPE OF FACILITY

CHECK ALL THAT APPLY. ATTACH A DETAILED EXPLANATION OF EACH.

<input type="checkbox"/> Broker	<input checked="" type="checkbox"/> Collector	<input checked="" type="checkbox"/> Charity/Service
<input checked="" type="checkbox"/> Demanufacturer	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Refurbisher/Reseller
<input type="checkbox"/> Transporter	<input type="checkbox"/> Other _____	

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT

Box Truck
Hand Tools
Fork Truck

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

Equipemtn comes in and is inspected for Reuse, Rebuild or Recycle

Workers rebuild or refurbish 7-% of equipment. The remaining will be separated by material type and sold to prospective downstream vendors.

7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMAUFACTURING?YES NO

IF "NO," OR IF ONLY A PORTION IS DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS?

 Resell 70 % Export _____ %**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

9. SERVICES PROVIDED

CHECK ALL THAT APPLY.

 Hard Drive Erasure/Destruction (Secure Data Destruction) Palletizing and Pickup
 Product Tracking Through Final Disposition Other _____**10. TYPES OF COMPUTER AND PERIPHERALS ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Monitor \$10.00 CD/CDRW Drive _____ Desktop CPU _____
 DVD Drive _____ Floppy Drive _____ Hard Drive _____
 Laptop _____ Modem _____ Notebook _____
 Printer _____ Router _____ Scanner _____
 Speakers _____ Zip Drive _____ Other _____**11. TYPES OF POCKET PC'S ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Battery Back-Up _____ Data Cartridge _____ PC and Digital Camera _____
 Server _____ Other \$20.00 _____**12. TYPES OF COMMUNICATION DEVICES ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Answering Machine _____ Cellular Telephone _____ Corded Telephone _____
 Cordless Telephone _____ Pager _____ Other _____**13. OTHER TYPES OF EQUIPMENT ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Adding Machine _____ Fax Machine _____ Photocopier \$25.00
 Multifunction Machine _____ Television \$25.00 Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE: MOR00519744
MO ID NUMBER, IF APPLICABLE: 040803
RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE:

Has your company ever been inspected? YES NO

ATTACH THE FOLLOWING
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

ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS
 Air Permit Building Permit Business Permit
 Hazardous and Solid Waste Amendments Part II Permit Missouri Hazardous Waste Management Facility Part I Permit Occupancy Permit
 Resource Recover Certification Solid Waste Permit Storm Water Permit
 Transportation/Licensure Zoning Permit Other _____

15. RISK MANAGEMENT

Do you have a Closure Plan? ATTACH A COPY OF THE PLAN YES NO

Do you have General Liability insurance? ATTACH A COPY OF THE POLICY YES Amount _____ NO

Do you have other types of insurance? YES NO

LIST THE TYPE AND AMOUNT OF COVERAGE AND ATTACH A COPY OF THE POLICY.
\$4,000,000.00

16. END-USE MARKETS

Approximately 1.00 % (by weight) of 50.00 tons per year of all equipment received is landfilled or incinerated for disposal.

ATTACH HANDLING AND PROCESSING DOCUMENTATION, INCLUDING DEMANUFACTURING AND DISPOSITION PROCESS AND REUSE/RECYCLING END MARKETS DOCUMENTATION (Examples: landfill receipts, brokering contracts, recycler contracts, etc.).

Do you export, or broker for export, working used equipment? YES NO

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT.

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.

17. CONFIDENTIALITY

Is your Downstream Vendor Information confidential? YES NO

COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.

18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES? INITIALS: MVM YES NO

A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN A CERTIFICATION STATEMENT THAT INDICATES THE BUSINESS IS USING THE MOST BEST MANAGEMENT PRACTICES AS ITS STANDARD OPERATING PROCEDURES.

19. 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: _____ DATE: 12/1/2014

PRINTED NAME: Michael Van Metre TITLE: CEO

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176
PHONE: 800-361-4827 or 573-751-3176
FAX: 573-526-5268
FOR OFFICE USE ONLY
DATE RECEIVED: _____

DOWNSTREAM VENDOR INFORMATION

Is your Downstream Vendor Information confidential? YES NO

IF MARKED "NO" ABOVE, THIS SECTION MAY BE POSTED ON THE INTERNET. COMPLETE ONE SECTION BELOW FOR EACH RECYCLING FACILITY USED TO PROCESS MATERIAL. PLEASE SUBMIT ADDITIONAL PAGES IF NEEDED.

FACILITY NAME			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (WITH AREA CODE)		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	

WHICH RECYCLING STANDARD DOES THIS FACILITY USE?
 Institute of Scrap Recycling Industries EPA's Responsible Recycling (R2) Practices
 Other _____

LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.

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