



DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

TRANSITION REGISTRATION APPLICATION FORM FOR VEHICLE DISMANTLING FACILITIES AND SCRAP METAL PROCESSORS

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. FACILITY INFORMATION			
Facility Name		Facility Address	
City/Town		Zip Code	Phone
NYTM-E Coordinate		NYTM-N Coordinate	DEC Activity Number
2. FACILITY OWNER			
Owner Name		Owner Address	
City/Town/State/Zip Code		Owner Phone	Owner Email
3. FACILITY OPERATOR			
Operator Name <input type="checkbox"/> <i>same as facility owner</i>		Operator Address	
City/Town/State/Zip Code		Operator Phone	Operator Email
4. SITE OWNER			
Site Owner Name <input type="checkbox"/> <i>same as facility owner</i>		Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email
5. PREFERRED CONTACT			
<input type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Site Owner <input type="checkbox"/> Other (provide): _____			
6. FACILITY OPERATING HOURS			
7. SERVICE AREA List all municipalities within the service area of the facility			
8. REGISTRATION TYPE			
Facility Type (check all applicable)			
<input type="checkbox"/> Vehicle Dismantling Facility – Receive < 25 ELVs/year and store < 50 ELVs on-site at any time [361-7.3(a)(2)]	<input type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]		
<input type="checkbox"/> Motor Vehicle Repair Shop – Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]	<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]		
<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]	<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]		

9. SOLID WASTE RECEIVED – Please provide estimates for the following:

Material	What is the maximum amount your facility will receive annually?	What is the maximum that will be stored on-site at any given time?
END OF LIFE VEHICLES (# of ELVs)		
SCRAP METAL (tons)		

10. SITE PLAN - Please provide a sketch of the site below or on an attached separate sheet.

11. CERTIFICATION

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority as _____ (title) of _____ (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Printed/Typed Name	Signature	Date
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Instructions for completion of a
REGISTRATION FORM FOR A VEHICLE DISMANTLING FACILITY

GENERAL

This registration form is prescribed by the New York State Department of Environmental Conservation (Department) for solid waste management facilities pursuant to the conditions specified in 6 NYCRR Part 360.15 and the under the requirements of 6 NYCRR Parts 360 and 361. This form serves as notification to the Department of the intention to operate a registered solid waste management facility. The registration applicant and holder must be the site owner or facility operator. The site owner or operator of the facility required to be registered must comply with the design, operating, closure, and financial assurance criteria detailed in the regulations. Please complete this form entirely, as well as any applicable addenda or attachments, **attaching additional sheets as necessary**.

Completed applications must be submitted to the Regional Materials Management Engineer in the Regional Office corresponding to the DEC region in which the facility is or is proposed to be located. As part of the application process, Department staff may inspect the proposed site. During such inspections, staff may take measurements, photographs, videos, and make written documentation.

CHECKLIST

Applications for solid waste management facility registration must include the items listed below:

- Completed registration application form
- Site plan, either in the form or attached, which must include, but is not limited to:
 - o Facility entrance and exit;
 - o storage for all waste materials declared as part of the registration application;
 - o location(s) of all processing equipment; and
 - o location of all structures.
- List all exempt activities taking place at the site to of the registered solid waste management facility, as per 360.15(c)(1).
- Certificate Under Seal of the Department of State for applications submitted by a corporation or a limited liability company as required in 360.15(c)(3), if applicable.

ADDITIONAL INSTRUCTIONS BY ITEM NUMBER

1. Identify the name, address, and [DEC region](#) for the facility.
2. Identify the entity or person that owns the facility.
3. Identify the entity or person responsible for the overall management and operation of the facility.
4. Identify the entity or person who owns the site on which the facility will be located, or who will own the site during the facility's operation, if different than the current facility owner.
5. Check applicable box.
6. Describe the facility's days/hours of operation.
7. List all municipalities (i.e., counties, cities, towns, villages) or planning units in the existing and/or proposed service area of the facility.
8. Check all applicable boxes that describe the facility that is the subject of this registration.
9. Estimate the answers to the questions.
10. Sketch a rough site plan of the facility, indicating facility entrance and exit and all structures, processing equipment, and storage areas, in the box provided. Alternatively, attach a drawing or overhead photo of the site, indicating facility entrance and exit and all structures, processing equipment, and storage areas, to the application.
11. Certification must be completed by the registration holder (site owner or site operator).

Note: Retain a copy of this form and all applicable attachments. Submit form(s) to the appropriate [Regional Materials Management Engineer](#) (see below).

REGIONAL OFFICES

Please send all applications to the attention of the Regional Materials Management Engineer.

DEC Region	Address	Phone	Counties Served
1	SUNY Stony Brook 50 Circle Road Stony Brook, NY 11790	(631) 444-0375	Nassau, Suffolk
2	1 Hunters Point Plaza 47-40 21 st Street Long Island City, NY 11101	(718) 482-4896	Bronx, Kings, New York, Queens, Richmond
3	21 South Putt Corners Road New Paltz, NY 12561	(845) 256-3000	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
4	1130 North Westcott Road Schenectady, NY 12306	(518) 357-2243	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie
5	232 Golf Course Road Warrensburg, NY 12885	(518) 623-1233	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington
6	317 Washington Street Watertown, NY 13601	(315) 793-2584	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence
7	615 Erie Boulevard West Syracuse, NY 13204	(315) 426-7535	Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins
8	6274 East Avon-Lima Road Avon, NY 14414	(585) 226-5408	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates
9	270 Michigan Avenue Buffalo, NY 14203-2999	(716) 851-7220	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming