Orphan Appliance Monthly Report Form

Please send this document on a monthly basis to DTSC by mailing to:
Attn: Consumer Products Section
Department of Toxic Substances Control
Office of Pollution Prevention and Green Technology
1001 "I" Street, 11th Floor
P.O. Box 806
Sacramento, California 95812-0806

Month: Year:

Name of scrap recycling facility:

Facility address:

Name of CAR: CAR #

Total number of "orphan" appliances received this month (as indicated by use of DTSC Form 1459) received:

This information is not required, but is appreciated:

Space Heaters:	Stoves:
Refrigerators:	Boilers:
Freezers:	Furnaces:
Microwaves:	Water Heaters:
Washers:	Air conditioners:
Dryers:	Trash compacters:
Ovens:	
Other (please specify):	

The names and addresses of each person who transported, delivered, or sold "orphan" appliances to this scrap recycling facility is included on the following additional pages. This information has also been submitted to my CUPA.

Sincerely,

…… ……..
Name Title

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Contact Information