**ARIZONA**

**USED OIL MARKETER**

 **YEAR QUARTER**

**REPORT**

***A.R.S. §*** ***49-802(C)(3)***

**Note: A separate report form shall be submitted for each used oil Marketer.**

 **Company/Facility Information:**

 I: Facility Address/Location:

City: State:

ZIP Code: Phone #:

 II: Facility EPA ID#:

III: Company Name:

 Mailing Address:

City: State:

ZIP Code: Phone #:

 IV: Name of Person Reporting:

 (*Please print*)

Title: Phone #:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**V: *On-spec* used oil marketed from this facility during the calendar quarter:**

 Record the cumulative total gallons of *on-spec* used oil you marketed to **all** facilities during the calendar quarter as follows:

1 Number of gallons marketed to Arizona facilities: \_\_\_\_\_\_\_\_\_\_\_\_

2 Number of gallons marketed to non-Arizona facilities: \_\_\_\_\_\_\_\_\_\_\_\_

(Complete only if marketing facility is located in Arizona.)

**VI: *Off-spec* used oil marketed from this facility during the calendar quarter:**

 Record the cumulative total gallons of *off-spec* used oil you marketed to **all** facilities during the calendar quarter as follows:

1 Number of gallons marketed to Arizona facilities: \_\_\_\_\_\_\_\_\_\_\_\_

2 Number of gallons marketed to non-Arizona facilities: \_\_\_\_\_\_\_\_\_\_\_\_

(Complete only if marketing facility is located in Arizona.)

 **If your company has not marketed any used oil for this quarter, please enter 0 in each blank space.**