



Used Oil Burner Reportable Information
(State Regulation 18 AAC 50.078(c))
For reporting multiple devices copy form as necessary

Business Name: _____

Address of Device Operation: _____

Device Manufacturer & Model: _____

Purpose of Device: _____

Type of Fuel Used: _____

Fuel Source: _____

Fuel Quality _____

GAL/HR

Amount of Fuel Used: _____

Device Daily Operating Hours: _____

**Applicable Emission Limits
and Regulatory Authorities
Governing Operations:** _____

**Make & Model of Pollution
Control Equipment** _____

**IF YOUR FACILITY/OPERATIONS DOES NOT INCLUDE A DEVICE AS LISTED ABOVE
CHECK THE BOX BELOW.**

NO USED OIL BURNING DEVICE AS DESCRIBED ABOVE IS PRESENT OR IN OPERATION

Responsible Official Signature

Print: _____

Sign: _____ **Date:** _____