



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF TECHNICAL & CUSTOMER ASSISTANCE**

**AUTO SALVAGE YARD CERTIFICATION PROGRAM
FACILITY QUESTIONNAIRE**

*Thank you for your interest and assistance in completing this questionnaire.
The information that you provide below will help us as we begin developing the
Auto Salvage Yard Certification Program in the coming months*

Facility Physical Location (with exact street address including number, as designated for E-911 purposes)

Business Name: _____

Street Address: _____ Phone #: _____

City/Town: _____ Zip Code: _____

Contact Person: _____ Facility E-mail: _____

Facility Mailing Address *Please check if same as Facility Physical Location*

Street or Post Office Box: _____

City/Town: _____ Zip Code: _____

Facility Owner Information

Owner Name: _____ Phone #: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Facility Information

Total Size of facility _____ Acres

Size of vehicle storage area: _____ Acres

Total Number of Employees: _____

Days & Hours of Operation: _____

Number of Years in Operation _____

Number of Vehicles Currently Stored On Site: _____

Number of Vehicles Typically Received Per Year: _____

Number of Vehicles Typically Removed Per Year: _____

Which of the following are in service at your facility: (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> On-site Drinking Water Well |
| <input type="checkbox"/> Public Sewer System | <input type="checkbox"/> Septic System/Leachfield |
| <input type="checkbox"/> Floor Drain to holding tank | <input type="checkbox"/> Floor drain to other location (please specify) _____ |

Which of the following best describes your facility operations? (please check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Dismantler/Recycler | <input type="checkbox"/> Towing Yard | <input type="checkbox"/> Auto Dealer |
| <input type="checkbox"/> Auto Repair/Service | <input type="checkbox"/> Auto Body or Rebuilder | |
| <input type="checkbox"/> Shredder/Processor | <input type="checkbox"/> Other (please specify: _____) | |

Which of the following describes vehicle crushing at your facility? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> This facility does NOT crush vehicles | <input type="checkbox"/> Vehicles are taken to another site to be crushed |
| <input type="checkbox"/> Vehicles are crushed at this facility by contract service | <input type="checkbox"/> The crusher sits on a concrete/asphalt pad |
| <input type="checkbox"/> Vehicles are crushed on site using our own dedicated crusher | <input type="checkbox"/> The crusher sits on the ground |

Which of the following licenses and permits do you hold? (please check all that apply)

- Auto Wrecking & Salvage Yard License from the Department of Business Regulation
- Auto Body Salvage & Rebuilders License from the Department of Business Regulation
- Auto Body License from the Department of Business Regulation
- Second Hand Dealers License from the City or Town
- Auto Dealers License from the Department of Administration

Other than motor vehicles, does your facility receive any other type of solid waste, such as appliances, other scrap metal, or demolition debris?

- No Yes (please specify type(s)) _____

Please complete and return this questionnaire as soon as possible to:

**Department of Environmental Management
Office of Technical & Customer Assistance
Attn: Thomas E. Armstrong
235 Promenade Street
Providence, RI 02908-5767
Telephone: (401) 222-4700, Ext. 4412**

