**UOCC Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Store# \_\_\_\_\_\_\_\_ UOCC# \_\_\_\_\_\_\_\_ Type** (A, B, C, or D) **\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Acceptable Oils:** | | |  | **Unacceptable Materials:** (These cannot be mixed with acceptable oils) | | | |
| Motor Oil | Hydraulic Oil | Transmission Fluids |  | Anti-Freeze  Paints | Gasoline  Varnishes | Parts Cleaner Thinners | Solvents  Pesticides |

*\*\* By filling out this log, I certify the oil received only contains “Acceptable Oil” as listed above. \*\**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  (Print – Legible) | | **Address**  (Number and Street Name) | **City** | **State** | **Date**  (mm/dd/yy) | **Amount in Gallons**  (4 Qts = 1 Gal) | D: DIYers /  Households  F: Farmers  B: Business | | |
| **D** | **F** | **B** |
| **1** |  |  |  |  | / / |  |  |  |  |
| **2** |  |  |  |  | / / |  |  |  |  |
| **3** |  |  |  |  | / / |  |  |  |  |
| **4** |  |  |  |  | / / |  |  |  |  |
| **5** |  |  |  |  | / / |  |  |  |  |
| **6** |  |  |  |  | / / |  |  |  |  |
| **7** |  |  |  |  | / / |  |  |  |  |
| **8** |  |  |  |  | / / |  |  |  |  |
| **9** |  |  |  |  | / / |  |  |  |  |
| **10** |  |  |  |  | / / |  |  |  |  |
| **11** |  |  |  |  | / / |  |  |  |  |
| **12** |  |  |  |  | / / |  |  |  |  |
| **13** |  |  |  |  | / / |  |  |  |  |
| **14** |  |  |  |  | / / |  |  |  |  |
| **15** |  |  |  |  | / / |  |  |  |  |
| **16** |  |  |  |  | / / |  |  |  |  |
| **17** |  |  |  |  | / / |  |  |  |  |
| **18** |  |  |  |  | / / |  |  |  |  |
| **19** |  |  |  |  | / / |  |  |  |  |
| **20** |  |  |  |  | / / |  |  |  |  |
| **21** |  |  |  |  | / / |  |  |  |  |
| **22** |  |  |  |  | / / |  |  |  |  |
| **23** |  |  |  |  | / / |  |  |  |  |
| **24** |  |  |  |  | / / |  |  |  |  |
| **Please Give This Form to Your Local Health Department Used Oil Inspector for Reimbursement** | | | | | **Total Gallons** |  |  | | |