

## Wrecking Facility Quarterly **Transmittal Sheet**

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Date\_

Reporting Quarter 1 2 3 4

Wrecking Facility License Number

Date

Address or P.O. Box Number

Wrecking Facility Business Name

City	State		Zip			
		MUST INDICATE YES OR NO				
Title Number	Year, Make and VIN	Is the Title Enclosed?	Are you requesting a Junking Certificate?	Was the vehicle crushed?	<b>VS</b> B Office Use Only	