ANNUAL REPORT FORM - SCRAP TIRE HAULER
Report Period: January 1, 2019 – December 31, 2019

Business Name _____ County _____

Business Phone _____ Contact Name _____

Mailing Address _____ e-mail address _____

City _____ State _____ Zip _____

Physical Location / Address _____

Check the Method of Reporting - PICKUP - # of tires _____ Wt. (tons) of tires _____ DROP-OFF - # of tires _____ Wt. (tons) of tires _____

In the table below, please write the generator name (tire shop, auto dealer, etc.) and show the number or weight of scarp tires that you hauled each month. Show the number or weight of scrap tires that you removed for resale and that you brought to each final destinations. Add rows or sheets as needed.

GENERATOR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
												TOTAL	

Tires Removed for Resale	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL

FINAL DESTINATION	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
												TOTAL	

PROVIDE INFORMATION ABOUT THE GENERATORS. Make more copies if needed.

Name of Generator: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Generator: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Generator: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Generator: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Generator: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

PROVIDE INFORMATION ABOUT DESTINATIONS OF SCRAP TIRES. Make more copies if needed.

Name of Destination: _____ Type of Facility: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Destination: _____ Type of Facility: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Destination: _____ Type of Facility: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Name of Destination: _____ Type of Facility: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Physical Location / Address: _____

Under penalty of perjury, I hereby attest that the information provided in this report is accurate and complete, to the best of my knowledge.

_____ _____

Signature Date