

ANNUAL REPORT FORM - SCRAP TIRE HAULER

Report Period: January 1, 2022 – December 31, 2022

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