

STATE OF NEW MEXICO SCRAP TIRE MANIFEST

Manifest No. _____

New Mexico Environment Department, Resource Recovery Bureau, P.O. Box 5469, Santa Fe, New Mexico 87502-5469, (505) 827-0197

1. GENERATOR INFORMATION AND CERTIFICATION

Generator (Business Name) _____ Contact Name _____ Telephone Number _____

Street Address _____ Mailing Address _____ City, State, Zip Code _____

Passenger Tires: # _____ or Weight _____ [] Pounds [] Tons (check one)

Name of Final Destination _____

Truck Tires: # _____ or Weight _____ [] Pounds [] Tons (check one)

Has the generator been charged for the service? [] Yes [] No (check one)

I affirm that the information provided above is truthful and accurate. I am aware that falsification of this manifest may result in enforcement action.

Generator or Authorized Agent (Printed): _____ Signature: _____ Date: _____

2. HAULER INFORMATION AND CERTIFICATION

Company Name _____ Contact Name _____ Telephone Number _____ NMED Hauler Registration No. _____

Street Address _____ Mailing Address _____ City, State, Zip Code _____

I affirm that the information provided above is truthful and accurate. I am aware that falsification of this manifest may result in enforcement action.

Name of Driver (Printed): _____ Signature: _____ Date: _____

3. SECOND HAULER (if applicable) INFORMATION AND CERTIFICATION

Company Name _____ Contact Name _____ Telephone Number _____ NMED Hauler Registration No. _____

Street Address _____ Mailing Address _____ City, State, Zip Code _____

I affirm that the information provided above is truthful and accurate. I am aware that falsification of this manifest may result in enforcement action.

Name of Driver (Printed): _____ Signature: _____ Date: _____

4. TIRES REMOVED BY HAULER FOR RESALE / REUSE

Company Name _____ Contact Name _____ Telephone Number _____

Street Address _____ Mailing Address _____ City, State, Zip Code _____

Passenger Tires Removed: # _____ or Weight _____ [] Pounds [] Tons (check one)

Truck Tires Removed: # _____ or Weight _____ [] Pounds [] Tons (check one)

I affirm that the information provided above is truthful and accurate. I am aware that falsification of this manifest may result in enforcement action.

Printed Name of Driver: _____ Driver's Signature: _____ Date: _____

5. FINAL DESTINATION

Company / Facility Name _____ Contact Name _____ Telephone Number _____ Permit or Registration No. _____

Street Address _____ Mailing Address _____ City, State, Zip Code _____

Passenger Tires Received: # _____ or Weight _____ [] Pounds [] Tons (check one)

Truck Tires Received: # _____ or Weight _____ [] Pounds [] Tons (check one)

Weight of Mixed Load of Passenger and Truck Tires Received _____ [] Pounds [] Tons (check one)

I affirm that the information provided above is truthful and accurate. I am aware that falsification of this manifest may result in enforcement action.

Final Destination Representative (Printed) _____ Signature _____ Date _____

Discrepancy Block / Special Instructions: