

ANNUAL REPORT FORM - TIRE RECYCLING FACILITY

Report Period: January 1, 2025 – December 31, 2025

Business Name: _____ County: _____

Business Phone: _____ Contact Name: _____

Physical Address / Location of Facility: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail Address if available _____

Owner Name: _____ Phone: _____

Please check the method of reporting: # of tires _____ weight (tons) of tires _____

Total number or weight of tires received in 2025: _____

Total number or weight of tires processed in 2025: _____

Describe type(s) of processing including rammed earth, baling, splitting, grinding, shredding etc: _____

Total number of loose tires on site on 12/31/2025: _____

Total number of tire bales (if applicable) on site on 12/31/2025: _____

Number of ground or rammed earth scrap tires (not in a project) on site on 12/31/2025: _____

1. List all scrap tire haulers or scrap tire generators, including yourself, that delivered tires to your facility in 2025. [NOTE: "Scrap tire generator" means a person who generates scrap tires, including retail tire dealers. Use additional pages if scrap tires were transported by more than three haulers/dealers.]

a. Name of hauler/dealer: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail Address if available _____

Number of PTEs delivered to your facility in 2025: _____

Origin of scrap tires: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail Address if available _____

b. Name of hauler/dealer: _____
Contact Person: _____ Phone number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ E-mail Address if available _____
Number of PTEs delivered to your facility in 2025: _____
Origin of scrap tires: _____
Contact Person: _____ Phone number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ E-mail Address if available _____

c. Name of hauler/dealer: _____
Contact Person: _____ Phone number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ E-mail Address if available _____
Number of PTEs delivered to your facility in 2025: _____
Origin of scrap tires: _____
Contact Person: _____ Phone number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ E-mail Address if available _____

2. OPTIONAL: What are the final dispositions (e.g., landfill, ranch, project site, etc.) of all processed or unprocessed scrap tires that were removed for your facility in 2025? [NOTE: Use additional pages if scrap tires went to more than three locations.]

NOTE: Upon your request, the information will be held confidential.

a. Name of final disposition entity: _____
Contact Person: _____ Phone number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ E-mail Address if available _____
Physical Address / Location: _____

Number of PTEs disposed from your facility in 2025: _____

b. Name of final disposition entity: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail Address if available _____

Physical Address / Location: _____

Number of PTEs disposed from your facility in 2025: _____

c. Name of final disposition entity: _____

Contact Person: _____ Phone number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail Address if available _____

Physical Address / Location: _____

Number of PTEs disposed from your facility in : 2025 _____

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