

REPORT YEAR: 20

WASTE TIRE HAULER ANNUAL REPORT

BUSINESS/HAULER NAME: _____	HAULER I.D. NO.: _____
ADDRESS: _____	CONTACT PERSON: _____
CITY/COUNTY/STATE: _____	ZIP CODE: _____

COMMERCIAL HAULER PRIVATE HAULER (PERSON THAT GENERATES AND HAULS OWN WASTE TIRES)

A. List site(s) where tires were deposited for storage, processing, disposal, or recycling.

NAME	ADDRESS	CITY	COUNTY	NO. OF TIRES
TOTAL				

B. List generators from whom waste tires were received (commercial haulers only). Use reverse side, if needed.

NAME	ADDRESS	CITY	COUNTY	NO. OF TIRES
TOTAL				

CERTIFICATION: I certify that the information provided in this report is true and correct to the best of my knowledge.

 AUTHORIZED AGENT (Print or Type) SIGNATURE DATE

