OUT-OF-STATE WASTE TIRE RECEIVER APPLICATION

Pursuant to Rule 5.4.D of the Mississippi Waste Tire Transportation Regulations, a Mississippi waste tire hauler must deposit waste tires at a receiving facility approved by MDEQ. This form should be completed, signed and submitted by the owner of any out-of-state waste tire facility that intends to receive tires from Mississippi registered waste tire haulers.

**FACILITY INFORMATION**

1. Business name: __________________________________________________________
2. Contact person: __________________________________________ Title: ______________
3. Mailing address: ________________________________________________________
   City: __________________ State: ______ Zip: __________________
4. Street address: __________________________________________________________
   City: __________________ State: ______ Zip: ______ County: ________________
5. Business phone: __________________ Fax: __________________
6. E-mail address (if available): ____________________________________________

**OPERATING INFORMATION**

7. Permit number(s): ______________________________________________________
8. Issuing agency: __________________ Agency contact: __________________ Phone: ________________
9. Please provide information on the compliance status of the facility:

   __________________________________________________________

10. Type of operation:  [ ] Shredding  [ ] Chipping  [ ] Splitting  [ ] Other: ________________
11. Provide a brief description of the resulting processed waste tire material, including size:

   __________________________________________________________

12. Processing capacity of the facility (tires/day): _______________________________
13. List all recycling, end use, or disposal sites where you will be depositing processed waste tire material. Attach additional sheets if necessary:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Permit No.</th>
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**CERTIFICATION**

14. To the best of my knowledge and belief, I certify that the information provided in this application, including attachments, is true, accurate, and correct.

   Name (print): __________________________ Title: __________________________
   Signature: __________________________ Date: ______________

Please mail completed, signed forms to:
Mississippi Department of Environmental Quality, Waste Tire Management Program
P.O. Box 2261, Jackson, MS 39225