

REPORT YEAR: 20__

WASTE TIRE HAULER ANNUAL REPORT

BUSINESS/HAULER NAME: _____	ADDRESS: _____
HAULER ID NUMBER: _____	CITY/COUNTY/STATE: _____
CONTACT PERSON: _____	ZIP CODE: _____

COMMERCIAL HAULER (hauls for compensation or from multiple generators) PRIVATE HAULER (generates & hauls own waste tires only)

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 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
<i>(e.g., owner, president, general partner, elected official, or other duly authorized representative)</i>		

