

WASTE TIRE HAULER REGISTRATION APPLICATION

Pursuant to Miss. Code Ann. Section 17-17-401 et seq. a waste tire hauler shall submit the following information on this form in order to obtain a Waste Tire Hauler Identification Number and approval to haul waste tires in Mississippi.

GENERAL INFORMATION

1. Name of applicant: _____
2. Business name of hauler (d/b/a): _____
3. Mailing address: _____
City: _____ State: _____ Zip: _____
4. Street address: _____
City: _____ State: _____ Zip: _____ County: _____
5. Phone: _____ Fax (if available): _____
6. E-mail address (if available): _____

REGISTRATION INFORMATION

7. Registration status (**check one**): New Renewal
If the registration is a renewal, please list previous Hauler Identification Number: **WTH-** _____
8. Hauler classification (**check one**): Private Hauler (generates and hauls own waste tires only)
 Commercial Hauler (hauls for compensation or from multiple generators)
9. List all sites where you will be depositing waste tires for storage, processing, disposal, or recycling.
*A **Waste Tire Receiver Acknowledgement Form** must be submitted for each site listed below.

	Name	Address	Permit No.
1.			
2.			
3.			

10. Number of vehicles (including licensed trailers) to be used: _____
A **Waste Tire Hauler Registration Vehicle Information Form** (see reverse) must be submitted.

CERTIFICATION

11. By my signature below, I certify that I understand and will abide by the requirements regarding the transportation and disposal of Mississippi waste tires as defined by State regulations. I will not deposit waste tires except at an authorized waste tire collection, processing, or disposal site or other facility which has been approved by the Mississippi Department of Environmental Quality to accept waste tires. 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: _____

Application must be signed by an authorized agent (e.g., owner, president, elected official, or other duly authorized representative).

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

WASTE TIRE HAULER REGISTRATION VEHICLE INFORMATION

Name of Applicant: _____ Registration Number WTH-_____

*Please submit the following information for **each** licensed vehicle or trailer you will use to transport waste tires. If necessary, you may attach additional copies of this form.*

Vehicle/Trailer:

- a. Make/Model/Year: _____
- b. License Number: _____
- c. Vehicle Identification Number (V.I.N.): _____
- d. Name of registered vehicle owner (if owned by a business, include the name and address of the owner(s) or officer(s) of that entity): _____

Vehicle/Trailer:

- a. Make/Model/Year of vehicle: _____
- b. License Number of vehicle: _____
- c. Vehicle Identification Number (V.I.N.): _____
- d. Name of registered vehicle owner (if owned by a business, include the name and address of the owner(s) or officer(s) of that entity): _____

Vehicle/Trailer:

- a. Make/Model/Year of vehicle: _____
- b. License Number of vehicle: _____
- c. Vehicle Identification Number (V.I.N.): _____
- d. Name of registered vehicle owner (if owned by a business, include the name and address of the owner(s) or officer(s) of that entity): _____

Please mail completed forms to:
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WASTE TIRE RECEIVER ACKNOWLEDGEMENT FORM

This form is provided as a supplement to Part 9 of the Waste Tire Hauler Registration Application. This form should be provided with the completed registration application for each in-state or out-of-state storage, processing, disposal or recycling facility the waste tire hauler intends to use.*

THIS FORM SHALL SERVE AS ACKNOWLEDGEMENT THAT

(Receiving Facility Name)

Permit Number: _____

Street Address: _____

AGREES TO ACCEPT WASTE TIRES FROM

(Waste Tire Hauler Name or Company)

Hauler Registration Number (if renewal): _____

(Name of Authorized Agent of Receiving Facility)

(Title)

(Signature of Authorized Agent of Receiving Facility)

(Date)

Note: MDEQ should be notified if either the receiving facility or the hauler decides to terminate this agreement.

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P.O. Box 2261, Jackson, MS 39225