

# 3-Part Scrap Tire Shipping/Receiving Form

## SECTION A: SHIPPING INFORMATION (Sections A, B, & C must be completed prior to transport of scrap tires)

Indicate the quantity of scrap tires being picked up/delivered according to ONE of the following measures:

Exact number count: \_\_\_\_\_ Volume (cubic feet): \_\_\_\_\_ Weight (tons): \_\_\_\_\_

Of the scrap tires being shipped, estimate the number that are:

Passenger Tires: \_\_\_\_\_ %      Semi-Truck Tires: \_\_\_\_\_ %      Other Tires: \_\_\_\_\_ %

## SECTION B: SCRAP TIRE GENERATOR/SHIPPER (Sections A, B, & C must be completed prior to transport of scrap tires)

Name of Company or Individual: \_\_\_\_\_ Facility Registration or Permit Number (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

*I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.*

\_\_\_\_\_  
Signature of Generator/Shipper

\_\_\_\_\_  
Date

## SECTION C: SCRAP TIRE TRANSPORTER (Sections A, B, & C must be completed prior to transport of scrap tires)

Ohio EPA Scrap Tire Transporter Registration Number: \_\_\_\_\_ Vehicle License Plate Number: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.*

\_\_\_\_\_  
Signature of Transporter

\_\_\_\_\_  
Date

## SECTION D: SCRAP TIRE FACILITY/RECIPIENT

Ohio EPA Scrap Tire Facility Registration/PTI Number or Beneficial Use Project Number (if applicable): \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

*I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.*

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date