



Scrap Tire Transporter Registration Application

| Application Type | | | |
|--|--|---|------------------------------------|
| Check One: | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Please check if there are no changes to this renewal application | | | |
| If a renewal or amendment: | | | |
| Registration Number: ___ - STT - _____ | | | |
| Section(s) Being Amended: | | | |
| <input type="checkbox"/> Applicant Information | <input type="checkbox"/> Business Information | <input type="checkbox"/> Emergency Contact | |
| <input type="checkbox"/> Number of Certificates | <input type="checkbox"/> Locations Used for Sorting, Grading, or Temporary Storage | <input type="checkbox"/> Property Owner Information | |
| <input type="checkbox"/> Plan View Drawings | <input type="checkbox"/> Portable Equipment | | |

| Applicant Information | |
|---|-----------------------|
| <i>Information for the person who is completing this application. Please note that the mailing address is the location where correspondence from Ohio EPA should be sent.</i> | |
| Name: _____ | Phone Number: _____ |
| Mailing Address: _____ | |
| City: _____ | State/Province: _____ |
| Zip: _____ | County: _____ |
| Email: _____ | |

| Business Information | |
|--|-----------------------|
| <i>Business Name is the name of the individual, corporation, business or governmental entity the scrap tire transporter registration certificate(s) will be issued to and that is responsible for the transporting of scrap tires.</i> | |
| Business Name: _____ | Phone Number: _____ |
| Business Owner: _____ | Phone Number: _____ |
| Physical Address: _____ | |
| City: _____ | State/Province: _____ |
| Zip: _____ | |
| Contact Person: _____ | Phone Number: _____ |
| Email: _____ | |

Emergency Contact

Person who is authorized to commit resources necessary for emergency response, equipment, material, and services for the business.

| | | |
|----------------|-----------------------|------------|
| Name: _____ | Phone Number: _____ | |
| Address: _____ | | |
| City: _____ | State/Province: _____ | Zip: _____ |
| Email: _____ | | |

Financial Assurance

All **INITIAL** scrap tire transporters shall submit to Ohio EPA – Division of Materials and Waste Management (DMWM) an executed and funded financial assurance instrument(s) in the amount of no less than **Twenty Thousand Dollars (\$20,000)** before issuance of the initial registration certificate(s). General guidelines for all financial assurance mechanisms can be found in OAC Rule 3745-27-15 (http://epa.ohio.gov/portals/34/document/currentrule/3745-27-15_current.pdf). The wording required for all financial assurance forms of “instruments” can be found in each relevant section of OAC 3745-27-17 (http://epa.ohio.gov/portals/34/document/currentrule/3745-27-17_current.pdf).

For **renewal** applications, ensure financial assurance is maintained and on file with Ohio EPA – DMWM.

The financial assurance instrument(s) must be in the name of the business as stated above on this application.

Certificates

Important: Certificates may only be used by the registrant or its employees. When calculating the number of Registration Certificates, please remember that an original registration certificate is required to be located at each place of business and in each vehicle that will be used to transport scrap tires.

Number of Business Locations: _____ + Number of Vehicles: _____ = Total # Certificates: _____

Management of Scrap Tires

Please describe how scrap tires are handled and managed:

Locations Used for Sorting or Temporary Storage

If the applicant has one or more locations where sorting, grading, or temporary storage (for more than 7 days and less than 30 days) of scrap tires takes place in Ohio, include the following information for each location. Include additional pages if necessary.

This location is used for: Temporary Storage Sorting Vehicles are routinely located at this location

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Latitude: _____ Longitude: _____

Local Health Department: _____

Note: If you do not know your local health department you can look it up on line at www.odh.ohio.gov and then select **Local Health Dept.** Alternately, you may also call the Ohio Department of Health at 614-466-3543.

Please be advised that **scrap tires cannot be stored more than 30 days**. If you need to store scrap tires for more than 30 days, you may have to become a licensed Scrap Tire Facility. Please contact your local Ohio EPA District Office Inspector or the Ohio EPA Scrap Tire Unity at 614-644-2621 to help you make this determination.

Note: Please attach Plan View Drawings for each location. Please see the Plan View Drawing section below.

Property Owner Information

Please provide the following information for locations used for sorting, grading, or temporary storage listed on this application.

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Parcel Number(s): _____

All Property Owners must be included on this application. Please make additional entries for each Property Owner where the facility is located. Please attach additional entries on a separate piece of paper if needed.

Plan View Drawing

Submit a detailed plan view drawing for each location to be used for parking motor vehicles or trailers and for sorting or temporary storage of tires. A scale of one inch equals a maximum of 100 feet shall be used. Each drawing shall show the following items within 500 feet of any sorting or grading areas for scrap tires:

- The location of the property line.
- The location of any potential ignition sources such as welding operations or open flames.
- The location and dimensions of all buildings and structures.

Note: For renewal applications, submit revised plan view drawing(s) where necessary.

By checking this box, I hereby certify that any plan view drawings requiring revisions have been submitted as part of this renewal application. All other plans currently on file with Ohio EPA remain accurate.

Portable Equipment

Will your company be operating portable equipment for load consolidation of scrap tires for shipping (e.g., bailers, shredders, etc.)?

Yes No

If you checked **Yes** to the above question, please provide:

1. A description of the type of portable equipment to be used (e.g., bailing, shredding, cutting, etc.)

2. A description of how scrap tires are to be handled at sites where portable equipment is used.

Application Fee Information

All **initial** and **renewal** applications must be accompanied by a check made payable to **Treasurer – State of Ohio** in the amount indicated below.

This **non-refundable application fee** is also the total annual registration fee.

The fee is **Three Hundred Dollars (\$300)**, *unless* the business is a Licensed Motor Vehicle Salvage Dealer, Licensed Retail Tire Dealer, or Licensed Retreader as described below:

Licensed Motor Vehicle Salvage Dealer

If you are a licensed motor vehicle salvage dealer (MVSD) under ORC Chapter 4738 and meet the following requirements:

Requirements:

1. Only scrap tires obtained as a direct consequence of receiving motor vehicles for salvage are transported,
2. Scrap tires are transported only on motor vehicles owned or leased by the motor vehicle salvage dealer, and
3. Motor vehicles owned or leased by the MVSD must prominently display the name of the motor vehicle salvage dealer's business.

Please provide the following information:

MVSD License Number: _____ MVSD License Issue Date: ____/____/_____

Name on MVSD License: _____

If the applicant is a business licensed as a MVSD under ORC Chapter 4738, then **No Application Fee** is required in accordance with ORC Section 3734.83.

Retail Tire Dealer or Retreader

If you are a retail tire dealer or retreader and meet the following requirement:

Requirement: Scrap tires obtained as a direct consequence of the transporter's tire retail or retreading business are transported.

Please provide the following information:

Vendor License: _____ Vendor License Date: ____/____/_____

Vendor License Name: _____

If the applicant is a business licensed as a tire retail or retreader, then the fee is **Fifty Dollars (\$50)** in accordance with OAC Rule 3745-27-54(C)(5)(b).

Submission Instructions

A **non-refundable** application fee for **initial** and **renewal** applications of:

- Licensed Motor Vehicle Salvage Dealers: \$0
- Retail Tire Dealers and Retreaders: \$50
- All other Scrap Tire Transporter Applicants: \$300

Please send check or money order payable to **Treasurer – State of Ohio** and the completed application to:

Ohio EPA – DMWM
P.O. Box 1049
Columbus, Ohio 43216-1049

Additionally, you may also complete and submit this registration online at <http://ebiz.epa.ohio.gov>

Registration Certification

The owner or operator signing a document in accordance with this rule shall be one of the following:

1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.
2. In the case of a partnership, a general partner.
3. In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.
4. In the case of sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official or other duly authorized employee.

I certify that on the date of this application being submitted that the scrap tire sorting areas are in compliance with all siting criteria. By signing this document, I hereby certify that all statements and all assertions of fact made in the document are true, accurate, include all required information, and comply fully with applicable rules.

Authorized Representative of Company

Signature

Date

Sworn to and subscribed to before me on this _____ day of _____, _____

Notary Public

Only applications containing “notarized” original signatures will be processed.