



Scrap Tire Facility Registration Application

Application Type

New Facility

Modification of Existing

Original Approval Date:

Original Registration Number:

Applicant Information

Applicant Name: _____ Phone Number: _____

Mailing Address Line 1: _____ Mailing Address Line 2 (optional): _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Applicant Type: Property Owner Facility Owner Both Owner/Operator

Facility Information

Facility Name: _____ Phone Number: _____

Mailing Address Line 1: _____ Mailing Address Line 2 (optional): _____

City: _____ Latitude: _____ Longitude: _____ Email Address: _____

Township: _____ County: _____ Facility Health District: _____

Location Description:



Property Owner Information

Owner Type: Corporation Government LCC Individual Partnership Sole Proprietorship

Property Owner Name: _____ Phone Number: _____

Mailing Address Line 1: _____ Mailing Address Line 2 (optional): _____

City: _____ State: _____ Zip: _____ Country: _____

Relationship Permission: Yes No Operator is Owner Percent Ownership: _____

Facility Type

Scrap Tire Collection Scrap Tire Recovery – Class 2 Scrap Tire Storage – Class 2

Scrap Tire Recovery – Class 2 Scrap Tire Recovery – Mobile 2

Scrap Tire Collection

Is the applicant a licensed motor vehicle salvage dealer (MVSD) under ORC 4738? Yes No

If yes:

MVSD License Number: _____

MVSD License Issue Date: _____

Name of MVSD License _____

Scrap Tire Recovery – Class 2

Maximum number of whole tires to be stored on site: _____

Daily Designed Input Capacity, in Tons: _____

Describe mechanized power equipment to be used at this site:

Describe the mosquito control measures to be used at this site:

Describe security measures to be used at processing sites:



Scrap Tire Recovery – Mobile

Describe portable equipment to be used:

Describe processing methods to be used:

Describe the mosquito control methods to be used:

Describe security measures to be used at processing sites:

Scrap Tire Storage – Class 2

Maximum number of whole tires to be stored on site: _____

Maximum surface area to be used for the tire storage on site (square feet): _____

Is the applicant a licensed motor vehicle salvage dealer (MVSD) under ORC 4738 Yes No

If yes:

MVSD License Number: _____

MVSD License Issue Date: _____

Name of MVSD License _____

Describe mechanized power equipment to be used at this site:



Scrap Tire Storage – Class 2

Describe the mosquito control measures to be used at this site:

Describe security measures to be used at processing sites:

Plan View Drawings

Plan view drawings must be submitted showing the following items within 500 feet of the proposed facility: 1) all surrounding property lines around the facility; 2) all scrap tire storage and handling areas; 3) all buildings; 4) all access roads to the facility; 5) any berms required by applicable OAC Rules; 6) all regional electric transmission/distribution lines; 7) the distance between each pile of whole and/or processed scrap tires and each building on the proposed facility and within 500 feet of the proposed facility; and 8) the direction of flow and points of concentration of where rain flows off of facility property.



Registration Certification

The registration application must be signed by:

- (1) In the case of a corporation, by the corporate officer having direct responsibility for the overall operation of the business; or
(2) In the case of an organization other than a corporation, by an equivalently responsible individual; or
(3) In the case of an individual or sole proprietorship, by the owner or operator; or
(4) In the case of a political subdivision, by the chief administrative officer or contractual officer of said subdivision.

Nature of legal entity. Please check one:
___ Corporation
___ Other (Specify)
___ Proprietorship
___ Political Subdivision

Give name and address of legal entity if different from registrant:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REGISTRATION APPLICATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Authorized Signature (for facility) _____ Date _____
Title _____

Sworn to and subscribed to before me on this _____ day of _____, _____
(Date) (Month) (Year)

Notary Public

Only applications containing original signatures will be processed; facsimiles and/or photocopies of signatures cannot be accepted.