

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: _____% Truck Tires: _____% Other Tires: _____%

ONE of the following conditions MUST be met prior to shipment. The transporter should visually inspect shipping receipts, larvicide application records and/or the tires themselves to confirm that appropriate vector control measures were taken..	Y e s	N o	Initials of Both Parties: By initialing these boxes, each party is confirming that the appropriate action has been taken.
1. Are the tires free of water?			Transporter: _____ Shipper: _____ Receiver: _____
2. Were the tires removed from the rim within the past 7 days?			Transporter: _____ Shipper: _____ Receiver: _____
3. Were the tires properly treated with larvicide?			Transporter: _____ Shipper: _____ Receiver: _____

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 # (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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 #: _____ Vehicle License Plate #: _____

Driver Name: _____ Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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 Permit # (if applicable): _____

Name of Recipient: _____ Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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