

2-Part Scrap Tire Shipping/Receiving Form

SECTION A: SHIPPING INFORMATION

Indicate whether this transaction is a: Pick-Up Delivery

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 TRANSPORTER

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 C: Check One: Scrap Tire Generator: _____ Scrap Tire Recipient: _____

Scrap Tire Facility Registration/Permit Number or Beneficial Use Permit Number (if applicable): _____

Name of Company or Individual: _____

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.

Printed Name of Generator or Recipient

Signature of Generator or Recipient

Date