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.

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:**

Initials of Both Parties: By initialing these boxes, each party is confirming that the appropriate action has been taken.

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Transportation</td>
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<td>Receiver</td>
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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 ________________