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| **EPD Use Only:** Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tire Carrier Permit Application** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons in Georgia who transport tires must complete and submit this form to Georgia EPD per the Georgia Comprehensive Solid Waste Management Act, O.C.G.A. 12-8-20, as amended. By signing this document, the applicant agrees to comply with all applicable local, state, and federal laws, rules, and regulations. Items marked with an asterisk are required. Incomplete applications will be returned. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Applicant InformatioN:** Applicants must complete a separate application for each business location. | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Business Name: | | | | | | | | | | | | | | | Business License # (if applicable): | | | | | | | | | | |
| Other Business Names (DBA): | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Business Owner Name(s): | | | | | | | | | | | | | | \*Title/Position: | | | | | | | | | | | |
| Business Owner Name(s): | | | | | | | | | | | | | | Title/Position: | | | | | | | | | | | |
| \*Business Street Address: | | | | | | | | | | | \*City: | | | | | | | | | | \*County: | | | | |
| \*State: | | \*ZIP: | | | | \*Phone(s): | | | | Business: | | | | | | Fax: | | | | | Email: | | | | |
| Or Cell: | | | | | |
| Mailing Address (if different): | | | | | | | | | | | City: | | | | | | | | | | County: | | | | |
| State: | | ZIP: | | | | Phone(s): | | | Business: | | | | | | | Fax: | | | | | | | | | |
| Or Cell: | | | | | | |
| Contact Name at Mailing Address: | | | | | | | | | | | | | | Title/Position: | | | | | | | | | | | |
| **II. ownership information:** Attach additional pages if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Ownership:  Individual  Partnership  Corporation  Government  If a partnership or corporation, list the names of all persons with a 5% or greater ownership of the business (attach additional sheets if necessary). Provide their name, mailing address, and percentage of ownership and have them **each complete the reverse side of this form**. | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name* | | | *Mailing Address* | | | | *City* | | | | | *State* | | | | | | | *ZIP* | | | | *% Ownership* | | |
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| **III. Processing, Disposal, or beneficial reuse information:** tires must be transported to EPD-approved facilities (see epd.georgia.gov/scrap-tires for current list). All tire shipments must be accompanied by a manifest containing information required by EPD. Carriers must return the completed manifest to the generator within 30 days of the initial manifest date. | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the EPD-approved facilities where you will be transporting tires for processing, disposal, or end use: | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Facility Name* | | | | *Street Address* | | | | *City* | | | | | *State* | | | | *ZIP* | | | *Phone* | | | | *GA Permit #* | |
|  | | | |  | | | |  | | | | |  | | | |  | | |  | | | |  | |
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| **IV. Financial Assurance INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Assurance:** Tire carriers are required to maintain financial assurance, in a format provided by EPD, for each business location. Carriers transporting up to 5,000 scrap tires per month must have financial assurance in the amount of $10,000. Carriers transporting more than 5,000 scrap tires per month must have financial assurance in the amount of $20,000. Failure to receive or retain financial assurance will result in either denial of the permit application or revocation of the existing permit. | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Issuance Date: | | | | | \*Bond/Letter of Credit#: | | | | | | | | | | | | | | \*Type:  Bond  Letter of Credit | | | | | | |
| \*Amount:  $10,000 (up to 5,000 scrap tires)  $20,000 (more than 5,000 scrap tires) | | | | | | | | | | | | | | | | | | | \*Name of Insurance Co.: | | | | | | |
| **V. Required SubmissionS/AttachmentS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Assurance**: Download bond form or letter of credit at [epd.georgia.gov/scrap-tires](http://www.epd.georgia.gov/scrap-tires). For more information on financial assurance requirements, call EPD at 404-363-7027.  Mail  Online – *optional* (original must be mailed if copy is submitted online) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Details**:  Mail  Online – *optional* (original must be mailed if copy is submitted online) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VI. APPLICANT DETAILS:** This section must be completed by all applicants (for facilities in Georgia). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A.** Has the owner/operator, or if the owner/operator is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association: | | | | | | | | | | | | | | | | | **YEs** | | | | **No** | | |
| 1. Intentionally misrepresented or concealed any material fact in the application submitted to the director? | | | | | | | | | | | | | | | | |  | | | |  | | |
| 1. Obtained or attempted to obtain the permit by misrepresentation or concealment? | | | | | | | | | | | | | | | | |  | | | |  | | |
| 1. Been convicted by final judgment, and all appeals have been exhausted, in the State of Georgia or any federal court of any felony involving moral turpitude within three years immediately preceding the application for a permit? | | | | | | | | | | | | | | | | |  | | | |  | | |
| 1. Been convicted of any violations of any laws punishable as a felony in any state or federal court within five years preceding the application for a permit? | | | | | | | | | | | | | | | | |  | | | |  | | |
| 1. Knowingly, willfully, and consistently violated the prohibitions specified in Code Section 12-8-30.7? | | | | | | | | | | | | | | | | |  | | | |  | | |
| 1. Been adjudicated in contempt of any court order enforcing any federal environmental laws or any environmental laws of the state of Georgia within five years preceding the application for a permit? | | | | | | | | | | | | | | | | |  | | | |  | | |
| **B.** On a separate sheet, please provide detailed explanations for each question above answered “yes.” | | | | | | | | | | | | | | | | | | | | | | | |
| **VII. SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I certify, under penalty of law, that I have personally examined and am familiar with the information submitted on this document. I believe, warrant, swear, or affirm that the submitted information is true, accurate, and complete.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature: | | | | | | | | | | | | | | | Date: | | | | | | | | | | |
| Print Name: | | | | | | | | | | | | | | | Title: | | | | | | | | | | |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.  Notary Public:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |

**Send completed application to:** Environmental Protection Division, Waste Reduction Unit, 4244 International Parkway,

Suite 104, Atlanta, GA 30354-3902. **PLEASE ALLOW AT LEAST 30 DAYS FOR PROCESSING.**

If you have questions about this form, call EPD at 404-363-7027.