

GEORGIA EPD SCRAP TIRE CARRIER QUARTERLY REPORT

This report is required by law to be filed by the 1st day of May, Aug, Nov, and Feb following the period for which the report is due.
Not reporting is a violation of state law. Filing an incomplete report is considered "not reporting".

PART 1	<i>Complete the following for the scrap tire carrier business submitting this report.</i>	PART 2
Business Name: _____ Street Address (no POB): _____ City, State, Zip: _____ County: _____ GA Permit No.: _____ Telephone Number: _____ Fax Number: _____ Address Change? (circle one) YES NO <i>Change of business location or ownership requires a new permit application.</i>	Calendar Year of This Report: <input style="width: 50px; height: 20px;" type="text"/> Calendar Quarter of This Report (check one): <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, Jun <input type="checkbox"/> Jul, Aug, Sep <input type="checkbox"/> Oct, Nov, Dec	

PART 3 *Number/tons of scrap tires shipped directly to a point of final disposition (e.g., processors, sorters, end users, and disposal facilities):.*

Complete all information for each point of final disposition and enter the quantity of tires for each location under the appropriate unit heading at the right.

GA ID Number	Company Name/Address	City	State	Zip	Telephone No.	Tons of Tires	No. of Tires

For additional entries please use additional pages.

PART 4 *This report shall be signed by the General/Facility Manager, or other authority, that is authorized to represent the company's interests.*

I/we certify, under penalty of law, that I/we have personally examined and am familiar with the information submitted in that and all attached documents. I/we believe, warrant, swear and affirm that the submitted information is true, accurate and complete.

Signature	Print/Type Name	Date	Title
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