|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EPD Use Only:** ID# \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Agriculture Scrap Tire Identification Number Application***(Please type or print)* | | | | | | |
| Farms in Georgia with not more than 100 scrap tires in storage or in use for agricultural purposes must complete and submit this form to the Georgia Environmental Protection Division (EPD). EPD may grant waivers to allow the storage or use of more than 100 scrap tires for agricultural purposes, if such purposes do not pose a threat to human health or the environment.  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. Scrap tires must be collected and transported by an EPD-permitted tire carrier (see epd.georgia.gov/scrap-tires for current list). Companies may transport their own tires to a processor or end user, or for disposal, provided they have appropriate documentation.  Note: If you are **only** using sidewalls, you do not need to apply for an identification number. | | | | | | |
| **I. Applicant Information:** Applicants must complete a separate application for each business location. | | | | | | |
| \*Business Name: | | | | \*Contact Name: | | |
| Other Business Names (DBA): | | | | | | |
| \*Business 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. BUSINESS type:** If you have more than one operation, *and they are at different addresses*, you must apply for a scrap tire ID# for each location (i.e., submit a separate application form for each location). | | | | | | |
|  | | | | | | *Scrap tire limit* |
| Agricultural (if you are requesting permission to use more than 100 scrap tires, you must attach a completed waiver form to this application) | | | | | | 100  >100 (waiver) |
| **III. signature** | | | | | | |
| *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: | | |

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

4244 International Parkway, Suite 104, Atlanta, GA 30354-3902 | FAX: 404-362-2550.

**PLEASE ALLOW AT LEAST 30 DAYS FOR PROCESSING**.

If you have any questions, call EPD at 404-362-2537.