

## SCRAP TIRE CARRIER PERMIT APPLICATION

Georgia Comprehensive Solid Waste Management Act, OCGA 12-8-20, as amended through 1997. By signing this document, the applicant agrees to comply with all applicable local, state, and federal laws, rules and regulations. Applicant must complete a separate application for each business location. An incomplete application will be returned to applicant.

|  |  |            |  |                 |  |      |
|--|--|------------|--|-----------------|--|------|
| <b>I. GENERAL INFORMATION (please type or print)</b> |  |            |  |                 | EPD Use Only – Permit No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> |      |
| Business Name:                                       |  |            |  |                 |  |      |
| Business Owner(s): see Part II                       |  |            |  | Title/Position: |  |      |
| Other Business Names (DBA):                          |  |            |  |                 |  |      |
| Business Street Address:                             |  |            |  |                 |  |      |
| Telephone:   |  | Facsimile: |  | E-Mail Address: |  |      |
| City:  |  | County:    |  | State:          |  | Zip: |
| Business Mailing Address (if different):             |  |            |  |                 |  |      |
| Contact Name:  |  |            |  | Title:          |  |      |
| Telephone:   |  | Facsimile: |  | E-Mail Address: |  |      |
| City:  |  | County:    |  | State:          |  | Zip: |

|   |  |
|---|--|
| <b>II. OWNERSHIP INFORMATION (attach additional pages if necessary)</b> |  |
| Type of Ownership:  | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership** <input type="checkbox"/> Corporation** <input type="checkbox"/> Government  |
| **List names of persons with 5% or greater ownership of the business:   | <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px;"></div> |
| Business License No. (if applicable):                                   |  |

|  |                |      |       |     |       |             |
|--|----------------|------|-------|-----|-------|-------------|
| <b>III. SCRAP TIRE PROCESSING, DISPOSAL, OR BENEFICIAL REUSE INFORMATION</b>   |                |      |       |     |       |             |
| OCGA 12-8-20 requires carriers to transport scrap tires only to facilities approved by the Division. On the lines below, list Georgia-approved facilities where you will be depositing tires for processing, disposal, or end use. In addition, all scrap tire shipments must be accompanied by a manifest containing the information required by the Division. Carriers are responsible for returning the completed manifest to their customer within 30 days from the initial manifest date. |                |      |       |     |       |             |
| Facility Name  | Street Address | City | State | Zip | Phone | GA Permit # |
|  |                |      |       |     |       |             |
|  |                |      |       |     |       |             |
|  |                |      |       |     |       |             |
|  |                |      |       |     |       |             |
| Contact EPD at 404-363-7027 to receive the most current list of facilities approved by the Division.   |                |      |       |     |       |             |

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|--|---|
| <b>IV. FINANCIAL ASSURANCE (check only one and attach completed form to application)</b>   |   |
| <input type="checkbox"/> <b>Bond</b> from a bonding company registered with the State of Georgia Insurance Commissioner  | <input type="checkbox"/> <b>Letter of Credit</b> from a bank located in Georgia |
| Transporting less than 500 scrap tires per month requires a \$5,000 bond or letter of credit (LOC); transporting 500 or more scrap tires per month requires a \$10,000 bond or LOC. Contact this office for copies of bond or LOC language format. Bonds and LOCs must follow the language and format supplied by the State of Georgia. Failure to receive or retain financial assurance shall result in either denial of the permit application or revocation of the existing permit. |   |

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| <b>V. CERTIFICATION OF APPLICATION</b>  |       |
| <i>I/we certify, under penalty of law, that I/we have personally examined and am familiar with the information submitted on this and attached document(s). I/we believe, warrant, swear or affirm that the submitted information is true, accurate, and complete.</i> |       |
| Authorized Signature:   |       |
| Print or Type Name & Title:   | Date: |