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| **EPD Use Only:** Approval # \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Out-of-State Landfill Approval Application***(Please type or print)* | | | | | |
| Landfills outside of Georgia that wish toacceptscrap tires generated in Georgia must complete and submit this form to the Georgia Environmental Protection Division. 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** | | | | | |
| \*Business Name: | | | | \*Contact Name: | |
| \*Business Street Address: | | | | \*City: | \*County: |
| \*State: | \*ZIP: | \*Phone(s): | Business: | Fax: | Email: |
| Or Cell: |
| \*Latitude: | | | | \*Longitude: | |
| Mailing Address (if different): | | | | City: | County: |
| State: | ZIP: | Phone(s): | Business: | Fax: | |
| Or Cell: |
| Contact Name at Mailing Address: | | | | Title/Position: | |
| **II. BUSINESS information** | | | | | |
| Is this a permitted landfill?  Yes  No  If yes, attach a copy of the permit. | | | | | |
| Is the landfill in full compliance with the permit?  Yes  No  If not, please explain: | | | | | |
| Does the permit allow the landfill to accept out-of-state scrap tires for disposal?  Yes  No | | | | | |
| What types of tires do/will you accept for disposal? | | | | | |
| **III. Permitting information:** Please provide contact information for your state’s landfill permitting authority. | | | | | |
| Contact name: | | | | Phone: | |
| **IV. 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 and supporting documents 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 any questions about this form, please call EPD at 404-363-7027.