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| **EPD Use Only:** Approval # \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Out-of-State Scrap Tire Processor Approval Application** *(Please type or print)* |
| Persons outside of Georgia who wish toprocess scrap 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:** Applicants must complete a separate application for each business location.  |
| \*Business Name:  | Other Business Names (DBA): |
| \*Contact Name: | \*Title/Position: |
| \*Business Street Address: |
| \*City | \*State: | \*ZIP: | \*County: |
| \*Phone(s): | Business: | Cell: | Home: |
| Fax:  |  | \*Email: |
| Mailing Address (if different): |
| City:  | State: | ZIP: |
| **II. BUSINESS information** |
| The property to be used for the processing facility is: ☐ Owned ☐ Leased If leased, complete for the property owner:  |
| Name: | Mailing Address: |
| City: | State: | ZIP: | Phone: |
| List all owners holding a 5% or greater share in the business (attach additional sheets if necessary).  |
| *Name* | *Mailing Address* | *City* | *State* | *ZIP* | *% Ownership* |
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| Only check boxes for the operation(s) for which you will be responsible:☐ Shredding ☐ Chipping ☐ Chopping ☐ Splitting ☐ Pyrolysis ☐ Microwave ☐ Cryogenic☐ Other:  |
| **III. PERMITTING INFORMATION:** Please provide contact information for your state’s scrap tire processing authority. |
| Contact Name: | Phone: |
| Is this a permitted scrap tire processing facility? ☐ Yes ☐ No |
| Is the scrap tire processing facility in full compliance with the permit? ☐ Yes ☐ NoIf not, please explain: |
| Does the permit allow the scrap tire processing facility to accept out-of-state tires? ☐ Yes ☐ No |
| What types of tires do you process? | What types of products do you market? |
| **IV. SUPPORTING DOCUMENTS** |
| Please check the box(es) to indicate you have attached the following:🞏 A copy of the permit or approval issued by your state’s regulatory agency and, if applicable, local government authority🞏 Other: Please list  |
| **V. 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: |

**Send completed application and supporting documents to:** Environmental Protection Division, Recovered Materials 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.