|  |
| --- |
| **EPD Use Only:** Permit # \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Scrap Tire Processor Permit Application** |
| Persons in Georgia who process scrap tires must complete and submit this form to the Georgia Environmental Protection Division per the Georgia Comprehensive Solid Waste Management Act, O.C.G.A. 12-8-20, as amended. 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:  | \*Contact Name: |
| Other Business Names (DBA):  | Generator ID#: |
| \*Business Street Address: |
| \*City | \*State: | \*ZIP: | \*County: |
| \*Phone(s): | Business: | Fax: | Email: |
|  | Or Cell: |  |  |
|  | Or Home: |  |  |
| Mailing Address (if different): |
| City:  | State: | ZIP: | County: |
| Contact Name at Mailing Address: | Title/Position: |
| **II. BUSINESS information** |
| The property to be used for the processing facility is: [ ]  Owned [ ]  Leased If leased, complete the following for the property owner:  |
| Name: | Address: |
| City: | State: | ZIP: | Phone: |
| List all owners holding a 5% or greater share in the business (attach additional sheets if necessary). Provide their name, mailing address, and percentage of ownership and have them each **complete the reverse side of this form**.  |
| *Name* | *Mailing Address* | *City* | *State* | *ZIP* | *% Ownership* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Only check boxes for the operation(s) for which you will be responsible:[ ]  Shredding [ ]  Chipping [ ]  Chopping [ ]  Splitting [ ]  Pyrolysis [ ]  Microwave [ ]  Cryogenic[ ]  Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the proposed site properly zoned for this type of operation? [ ]  Yes [ ]  No If no, the application cannot be submitted as the area is not zoned for this type of business. Contact your local zoning authority. |
| **III. FINANCIAL ASSURANCE INFORMATION** |
| Scrap tire processing facilities located in Georgia are required to maintain financial assurance, in a format provided by EPD, in the amount of $20,000 per business location. Failure to receive or retain financial assurance will result in either denial of the permit application or revocation of the existing permit. Download the form at [epd.georgia.gov/scrap-tire-forms](https://epd.georgia.gov/scrap-tire-forms). For more information on financial assurance requirements, call EPD at 404-363-7027. |
| \*Issuance Date:  | \*Bond ID#: |
| \*Bond Amount: $ | \*Name of Insurance Co: |
| **IV. REQUIRED SUBMISSIONS/ATTACHMENTS** |
| **Operations Plan & Summary:** As part of your application for a scrap tire processing permit, you must submit an operations plan. For information on plan requirements, see the document “Scrap Tire Processor Guidance” at [epd.georgia.gov/scrap-tire-technical guidance](http://www.epd.georgia.org/scrap-tire-technical-guidance). [ ]  Mail [ ]  Online – *optional* (original must be mailed if copy is submitted online) |
| **Financial Assurance:** Scrap tire processing facilities located in Georgia are required to maintain financial assurance. [ ]  Mail [ ]  Online - *optional* (original must be mailed if copy is submitted online) |
| **Applicant Details**: Section V must be completed by all applicants (for facilities in Georgia)[ ]  Mail [ ]  Online – *optional* (original must be mailed if copy is submitted online)  |
| **V. Applicant details:** This section must be completed by all applicants (for facilities in Georgia). |
| **A.** Has the owner/operator, or if the owner/operator is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association: | **YEs** | **No** |
| 1. Intentionally misrepresented or concealed any material fact in the application submitted to the director?
 |[ ] [ ]
| 1. Obtained or attempted to obtain the permit by misrepresentation or concealment?
 |[ ] [ ]
| 1. Been convicted by final judgment, and all appeals have been exhausted, in the State of Georgia or any federal court of any felony involving moral turpitude within three years immediately preceding the application for a permit?
 |[ ] [ ]
| 1. Been convicted of any violations of any laws punishable as a felony in any state or federal court within five years preceding the application for a permit?
 |[ ] [ ]
| 1. Knowingly, willfully, and consistently violated the prohibitions specified in Code Section 12-8-30.7?
 |[ ] [ ]
| 1. Been adjudicated in contempt of any court order enforcing any federal environmental laws or any environmental laws of the state of Georgia within five years preceding the application for a permit?
 |[ ] [ ]
| **B.** On a separate sheet, please provide detailed explanations for each question above answered “yes.” |
| **VI. 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: |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.Notary Public: My commission expires:  |

**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 60 DAYS FOR PROCESSING**.

If you have any questions about this form, please call EPD at 404-363-7027.