|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EPD Use Only:** GN ID# \_\_\_\_\_\_\_\_\_\_\_\_\_ DOT# \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Scrap Tire Retreader Registration Application***(Please type or print)* | | | | | | |
| Persons who retread scrap tires 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: | | | | | | |
| Other Business Names (DBA): | | | | | | |
| \*Contact Name: | | | | \*Title/Position: | | |
| \*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** | | | | | | |
| What types of tires do you actively retread? | | | | | | |
| EPD Generator ID#: | | | | | | |
| DOT Retreader ID#: | | | | | | |
| **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.

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

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