

# SCRAP TIRE TRANSPORTATION MANIFEST

Part I of this form shall be completed and signed by a scrap tire generator each time that scrap tires are transported to an end user, processor, sorter, or disposal facility. Part II shall be completed and signed by the scrap tire carrier. An authorized representative of the end user, processor, sorter, or disposal facility, approved by the Georgia EPD, shall sign part III. **All parties shall complete all information.**

## Part I: Certification by Scrap Tire Generator

Scrap Tire Generator: \_\_\_\_\_ ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Enter amount of scrap tires to be transported in the applicable box:


Tons of Tires

(estimated amount of tires must be within 10% of amount in Part III)

Number of Tires

Tons of processed tires (cut, shredded, etc.) to be transported: \_\_\_\_\_ (if applicable)

Destination of tires: \_\_\_\_\_

Location Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby certify that the above indicated scrap tires were collected in the normal course of business in \_\_\_\_\_ County, State of \_\_\_\_\_ and are destined to be transported to the facility indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Scrap Tire Generator Authorized Representative

## Part II: Certification by Permitted Scrap Tire Carrier/Hauler

Scrap Tire Carrier: \_\_\_\_\_ GA Permit #: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby certify that the scrap tires received from the scrap tire generator (see Part I of this form) will be delivered to the destination designated by said generator and that the completed and signed manifest will be returned to the generator within 30 days from this date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Scrap Tire Carrier Authorized Representative

## Part III: Certification by End User/Processor/Sorter/Disposal Facility

End User/Processor/Sorter/Disposal Facility: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Georgia Permit No. (if applicable) \_\_\_\_\_

I hereby certify that this is a facility approved by the Georgia Environmental Protection Division to receive scrap tires and that I have received .


Tons of tires, and/or

Number of tires on the date below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

End User, Processor, Sorter, or Disposal Facility Authorized Representative

*For assistance with questions concerning scrap tire transportation and disposal, please contact the Georgia EPD at 404-363-7027*