**PART 1**

Complete the following for the scrap tire carrier business submitting this report.

- **Business Name:**
- **Street Address (no POB):**
- **City, State, Zip:**
- **County:**
- **GA Permit No.:**
- **Telephone Number:**
- **Fax Number:**
- **Address Change? (circle one) YES NO**

Changes of business location or ownership requires a new permit application.

**PART 2**

- **Calendar Year of This Report:**
- **Calendar Quarter of This Report (check one):**
  - Jan, Feb, Mar
  - Apr, May, Jun
  - Jul, Aug, Sep
  - Oct, Nov, Dec

**PART 3**

Number/tons of scrap tires shipped directly to a point of final disposition (e.g., processors, sorters, end users, and disposal facilities): Complete all information for each point of final disposition and enter the quantity of tires for each location under the appropriate unit heading at the right.

<table>
<thead>
<tr>
<th>GA ID Number</th>
<th>Company Name/Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone No.</th>
<th>Tons of Tires</th>
<th>No. of Tires</th>
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For additional entries please use additional pages.

**PART 4**

This report shall be signed by the General/Facility Manager, or other authority, that is authorized to represent the company's interests.

I/we certify, under penalty of law, that I/we have personally examined and am familiar with the information submitted in that and all attached documents. I/we believe, warrant, swear and affirm that the submitted information is true, accurate and complete.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print/Type Name</th>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>

Send report to: Georgia EPD Scrap Tire Management Program 4244 International Parkway Suite 104 Atlanta Georgia 30354 Telephone: (404) 363-7027