Semi-Annual Scrap Tire Report
For Businesses That Collect and Haul Their Own Scrap Tires

*Please note that it is very important that you submit a semi-annual report even if you did not collect, generate or haul any scrap tires during the reporting period. Please print.

<table>
<thead>
<tr>
<th>REPORTING PERIOD (check one):</th>
<th>□ 1 January – 30 June (due August 1st)</th>
<th>□ 1 July – 31 December (due February 1st)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTING YEAR (enter):</td>
<td>2 0 □□</td>
<td></td>
</tr>
</tbody>
</table>

Your Facility Owner’s Name: ________________________________  Your Hauler License No.: _______ - RTH - __________
Your Mailing Address: _______________________________________________________________________________________
City: __________________  County: __________________  State: __________________________  Zip: ___________

Your Facility’s Name: __________________________________________  Your Collection Facility License No.: __________________________
Your Facility’s Location Address: __________________________________________________________
City: __________________  County: __________________  State: __________________________  Zip: ___________

Telephone No.: (______) _______ - __________  Facsimile No.: (______) _______ - __________

---

**SCRAP TIRE COLLECTION AND HAULING ACTIVITIES**

Total Quantity of Scrap Tires Generated at Your Facility During the Reporting Period: __________________________
Total Quantity of Scrap Tires Removed from Your Facility During the Reporting Period: __________________________

---

**SCRAP TIRES DELIVERED TO:**

<table>
<thead>
<tr>
<th>Destination Facility Name</th>
<th>Scrap Tire License Number</th>
<th>Scrap Tire Quantity (Type and Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Destination Facility Name</th>
<th>Scrap Tire License Number</th>
<th>Scrap Tire Quantity (Type and Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: If you did not haul scrap tires using your scrap tire hauler license, please specify the following information about the company or individual who picked up your tires:

Scrap Tire Hauler Company/Individual Name: ____________________________  Scrap Tire Hauler License Number: ____________

Total Quantity of Scrap Tires Remaining at Your Facility After the Reporting Period: __________________________

---

By signing this report, I the license holder or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this report are true to the best of my knowledge, information, and belief. I hereby authorize the representative of the Department to have access to the site for inspection and to record information relating to this license at any reasonable time.

________________________  ______________________  _______________________
Signature                  Print Name                Date

---

Form Number:  MDE/WAS/LIC.010
Date:  June 1, 2015
TTY Users:  800-201-7165
INSTRUCTIONS FOR COMPLETING REPORT

SCRAP TIRE COLLECTION AND HAULING ACTIVITIES:
1. List the quantity of scrap tires generated/collected at your facility during the reporting period.
2. List the quantity of scrap tires removed from your facility during the reporting period.
3. If no scrap tires were collected or hauled during this reporting period, write "None" or "0" in the Scrap Tire Quantity space.

SCRAP TIRES DELIVERED TO:
1. List:
   A. The name of the destination facility (where scrap tires were taken after they were removed from your facility).
   B. The license number of the destination facility.
   C. The type of scrap tires delivered to the destination facility.
   D. The quantity of scrap tires delivered to the destination facility.

If you did not haul scrap tires by using your scrap tire hauler license:
1. List:
   A. The name of the scrap tire hauler who removed scrap tires from your facility.
   B. The Scrap Tire Hauler License number of the scrap tire hauler who removed scrap tires from your facility.

SIGNATURE:
You must sign your name, print your name, and date the report at the bottom of the front page of this report.

MAIL COMPLETED REPORT TO: OR  FAX COMPLETED REPORT TO:

MARYLAND DEPARTMENT OF THE ENVIRONMENT RESOURCE MANAGEMENT PROGRAM
Semi-Annual Scrap Tire Report
1800 Washington Boulevard, Suite 610
Baltimore, Maryland 21230-1719

410-537-3321