

Semi-Annual Scrap Tire Collection Facility Report

**Please Note: 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.*

REPORTING PERIOD (check one):	<input type="checkbox"/> 1 January – 30 June (due August 1st)
	<input type="checkbox"/> 1 July – 31 December (due February 1st)
REPORTING YEAR (enter):	2 0 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Your Facility Owner's Name: _____ Your Collection Facility License No.: _____

Your Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Your Facility's Name: _____ Contact Person's Name: _____

Your Facility's Location Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

SECTION 1: Receiving/Generating Report - Incoming Scrap Tire Information

Check (✓) Scrap Tire Generation/Receiving Source: Your Facility Customers Other

If you checked "Other", complete SECTION 3 on the reverse side.

SECTION 2: Transfer Report - Outgoing Scrap Tire Information

Scrap Tire Hauler's Name	Scrap Tire Hauler's License No.	Scrap Tire Type	Destination Facility Name/Address	Destination Facility's License/ Permit No.	Scrap Tire Quantity	Weight (Tons)
				TOTAL		

TOTAL SCRAP TIRES REMAINING AT YOUR FACILITY AFTER THE REPORTING PERIOD: _____

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

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

If you checked "Other" in SECTION 1 on the front page, complete SECTION 3 below:

SECTION 3: Receiving/Generating Report - Incoming Scrap Tire Information

Scrap Tire Generation/Receiving Source	Maryland Scrap Tire Hauler's License No. (If applicable)	Scrap Tire Type (Passenger, Truck)	Scrap Tire Quantity	Scrap Tire Weight (Tons)
		TOTAL		

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

INSTRUCTIONS FOR COMPLETING REPORT

SECTION 1:

1. Check the box indicating the source of the scrap tires collected at your facility.
2. If you checked "Your Facility" or "Customers", you do not need to complete SECTION 3.
3. If you checked "Other", you must complete SECTION 3.
4. Proceed to SECTION 2.

SECTION 2:

1. List the name and license number of the scrap tire hauler who removed scrap tires from your facility.
2. List the type of scrap tires removed.
3. List the place of where the hauler took the scrap tires. ***This is very important!*** Be sure the hauler tells you where your scrap tires are being delivered and the Maryland scrap tire license/approval number of that destination. If the scrap tires are being delivered to an out-of-state facility, list the name and address of this facility.
4. List by quantity or tons how many scrap tires were removed from your facility.
5. If no scrap tires were hauled from your facility, write "None" or "0" in the TOTAL Scrap Tire Quantity box.

SECTION 3:

1. List where the scrap tires came from:
 - A. If from haulers, please list the haulers' names and their Maryland Scrap Tire Hauler License numbers in the appropriate boxes.
 - B. If from individuals hauling less than 5 scrap tires, please write "Private" in the **Source** column; and "None" in the **License Number** boxes. If you receive scrap tires from many individuals, group them as a single entry.
 - C. If the scrap tires are generated from your business, write "Company" in the **Source** column, and your license number in the **License Number** column.
2. List the type of scrap tires (i.e. passenger, truck) collected at your facility.
3. List by quantity or tons how many scrap tires were collected at your facility.
4. If no scrap tires were collected during this period, write "None" or "0" in the TOTAL Scrap Tire Quantity box.

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
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410-537-3321