

Semi-Annual Scrap Tire Hauler 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):	20 <input type="text"/> <input type="text"/>

Your Facility Owner's Name: _____ Your Hauler License No.: _____ - RTH - _____

Your Mailing Address: _____

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

Your Facility's Name & Location Address: _____

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

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

INSTRUCTIONS FOR COMPLETING TABLE ON REVERSE SIDE

1. In the column marked "Scrap Tire Collection Site/Facility Name & Address" please enter the name and address of the place from where you pick up scrap tires. Examples of such places whose names and addresses will be marked in this column are Joe's gas station, XYZ salvage, residents, Smith property cleanup, etc.
2. In the column marked "Scrap Tire Collection Facility License or Approval Number" please enter the scrap tire facility license or approval number of the site from where you pick up scrap tires. Examples of scrap tire sites that are required to obtain a scrap tire collection facility license from this Department are gas stations, tire dealers, auto-dismantlers, etc. Residential properties and illegal scrap tire piles are exempt from obtaining a scrap tire facility license or approval. If you pick up from any exempt sites enter **"Not Applicable"** in this column.
3. In the column marked "Scrap Tire Type" please enter the type of scrap tires that you pick up. i.e. enter **"passenger"**, **"truck"** etc.
4. In the column marked "Scrap Tire Quantity" please enter the total quantity of scrap tires you transported from a particular collection site. e.g. enter "100". **OR**
5. In the column marked "Weight" please enter the total weight in short tons of scrap tires you transported from a particular site. e.g. enter " 1 ton". (1 short ton = 2,000 lbs) ((Note: You may enter either the number (column 4) or weight (column 5). You do not have to enter both.))
6. In the column marked "Destination Facility Name and Address" please enter the name and address of the site that is the final destination of your scrap tires.
7. In the column marked "Destination Facility's License or Approval Number" please enter the scrap tire facility license or approval number of the site that is the final destination of your scrap tires. As the out-of-State facilities are not required to have Maryland license or approval, please enter **"Not Applicable"** in this column if your scrap tires are taken to out-of-State facilities.
8. Notice: The Department is a public agency and subject to the Maryland Public Information Act (PIA) (Md. Code Ann., Gen. Prov. ("GP") § 4-101, et seq.). This form may be made available on the Internet via the Department's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

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

Type and Total Quantity of Scrap Tires Collected and Delivered

Describe where and from whom the total quantity of scrap tires, including processed portions, were **collected** and to whom they were **delivered** during the reporting period.

Scrap Tire Collection Site/Facility Name & Address	Scrap Tire Collection Facility License or Approval Number	Scrap Tire Type	Scrap Tire Quantity	Weight (tons)	Destination Facility Name & Address	Destination Facility's License or Approval Number
		<i>TOTAL</i>				

Complete all parts on both sides of this form.

You must submit a semi-annual report **even if you DID NOT haul any scrap tires** during the reporting period --enter "None" or "0" in the 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