MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land and Materials Administration • Resource Management Program
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Scrap Tire Hauler License Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.08

"Scrap Tire Hauler" means a person who, as part of a commercial business, transports scrap tires in the State to or from a scrap tire facility as defined in COMAR 26.04.08.02B(20)

Section I. – Proposed Licensee/Owner/Operator Information

Application for: ☐ New License ☐ Renewal License

Proposed Licensee's Status: ☐ Individual ☐ Corporation ☐ Government ☐ Other:_____

Renewal Information (if applicable):
Existing Hauler License No.: _____ -RTH-_____ Issued Date: _____ /_____ /_____ Expiration Date: _____ /_____ /_____
Existing Collection License No.: _____ -_____-_____ Issued Date: _____ /_____ /_____ Expiration Date: _____ /_____ /_____

Proposed Licensee's Legal Name (Corporation, individual or government entity as it will appear on the license certificate as the licensee.)

Proposed Licensee's ***Mailing*** Address City State Zip Code

Proposed Licensee's Telephone No. Facsimile No.

Proposed Licensee's Email Address

Emergency Contact Name Title Telephone No.

Section II. Business/Individual Registration Identification Information

Please note that a business/entity must be registered to do business in Maryland before a license can be issued. The business or entity's information provided in this application must match the information in the SDAT register and the account must be in good standing.

Corporation or Government Applicant:
Federal Tax Identification No.:_____
Maryland State Department of Assessments and Taxation (SDAT) Department ID No.*:_____
*This is different from the Sales and Use Tax No. The SDAT Department ID No. should start with a capital letter followed by numbers.

Or

Sole Proprietorship or Individual Applicant:
Social Security No.:_____
State of Maryland Sole Proprietorship ID No.:_____

Section III. Workers' Compensation Information

Proof of workers' compensation coverage is required under §1-202 of the Environment Article. Please provide ***one*** of the following:

(1) **Workers' Compensation Insurance Policy/Binder No.:**_____

Or

(2) **A copy of a Certificate of Compliance issued by the Maryland Workers' compensation Commission**

Section IV. Facility Information (physical location of the business)

Facility/Site Name

Facility/Site Address City State Zip Code

☐ Baltimore City ☐ County:_____

Section V. Vehicle Information (Please use additional sheets, if necessary.)

VIN	State	License Plate #	Make / Year	Owned / Rental	Legal Ownership

Section VI. Pickup Location Information

Identification of the geographical area or facilities that you intend to serve during the term of the license. Please provide ***one*** of the following:

(i) attach a **map** describing the area that you serve as a scrap tire hauler

Or

(ii) provide a list of **zip code areas** to be served: _____ _____ _____ _____ _____

Or

(iii) provide a list of **facilities** to be served by completing the table below (Please use additional sheets, if necessary.):

Facility Name	License #	Address, City, State Zip	Phone #

Section VII. Destination Information (Please use additional sheets, if necessary.)

Facility Name	License #	Address, City, State Zip	Phone #

Section VIII. Commercial Hauler List

Are you interested in being placed on the list of licensed scrap tire haulers who are interested in providing hauling services to the public? This list would be distributed to businesses and individuals that need scrap tire hauling services. ❒ Yes ❒ No

Section IX. Signature

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information and belief. I hereby authorize the representatives of the Department to have access to the site of the proposed facility for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of facility applied for, other permits or approvals may be required.

_____

Applicant's Name (Print) Title Signature of Applicant Date

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Maryland Department of the Environment to verify that an applicant for a license has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to § 10-119(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. 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.

For questions regarding this application form, please contact the Department at 410.537.3314

MAIL COMPLETED APPLICATION TO: *OR* *FAX COMPLETED APPLICATION TO:*

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RESOURCE MANAGEMENT PROGRAM
Scrap Tire License Application
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