

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • 410-537-3321 fax • <http://www.mde.maryland.gov>

Semi-Annual Scrap Tire Processing Facility Report

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 type="checkbox"/> <input type="checkbox"/>

Please check your license type:

SCRAP TIRE RECYCLER _____ TDF _____ SOLID WASTE ACCEPTANCE _____

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.: () _____ - _____

INSTRUCTIONS FOR COMPLETING TABLE ON REVERSE SIDE

1. In the column marked "Scrap Tire Hauler's Name", please enter the name of the scrap tire hauler that delivered scrap tires to your facility during the reporting period. Please note that for residential scrap tires you do not have to itemize each resident who drops off scrap tires by name (i.e. "residents" may be grouped into one entry).
2. In the column marked "Scrap Tire Hauler's License Number", please enter the license number of the scrap tire hauler that delivered scrap tires to your facility. This number should be posted on the scrap tire hauler's vehicle. Please note that residents with 5 or less scrap tires are exempt from obtaining a scrap tire haulers license; therefore, enter "Not Applicable" in this column for residents.
3. In the column marked "Scrap Tire Type", please enter the type of scrap tires that the scrap tire hauler delivered to your facility (i.e. passenger, truck, etc.).
4. In the columns "Maryland Scrap Tires" and "Out-of-State Scrap Tires", please enter the quantity of Maryland and Out-of-State scrap tires that your facility received from each scrap tire hauler delivered during the reporting period. This should be entered in numbers or in short tons (1 short ton = 2,000 lbs.).
5. In the column marked "Recycled or Processed", please enter the quantity of scrap tires were processed during the reporting period. The quantity should be entered in numbers or in short tons (1 short ton = 2,000 lbs.).
6. If no scrap tires were received or processed during this reporting period, write "None" or "0" in the appropriate boxes.
7. You must sign your name, print your name, and date the report at the bottom of the front page of this report.
8. 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

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Scrap Tire Hauler's Name	Scrap Tire Hauler's License Number	Scrap Tire Type	Received		Recycled or Processed Quantity in Tons or Number
			Maryland Scrap Tires Quantity in Tons or Number	Out-of-State Scrap Tires Quantity in Tons or Number	
		TOTAL			

Use additional sheets, as required.

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

MAIL COMPLETED APPLICATION TO:

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 RESOURCE MANAGEMENT PROGRAM
 1800 Washington Boulevard, Suite 610
 Baltimore, Maryland 21230-1719

OR

FAX COMPLETED APPLICATION TO:

410-537-3321

OR

EMAIL COMPLETED APPLICATION TO:

Ima.wdd@maryland.gov