Department of Environmental Quality Office of Environmental Services Waste Permits Division P.O. Box 4313

P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-3181

## LOUISIANA

## WASTE TIRE MOBILE PROCESSOR APPLICATION FORM



NOTE: A Guidance document has been prepared by the Louisiana Department of Environmental Quality (LDEQ) to assist the applicant in completing this Waste Tire Mobile Processor Application Form. The Guidance should be consulted and utilized prior to providing responses to the information required to be contained in this application.

PLEASE TYPE OR PRINT								
1. Processor Information								
A. Processor Name:								
B. Processor DEQ Facility Number:			C. Processor AI No:					
D. Processor Contact Name: E. Pr			ocessor Business Phone Number:					
2. Location(s) of Processing Equipment Information (additional locations can be added on Page 2)								
A. Type of Location								
C. City			D. Parish					
E. Location DEQ Faci	lity No.:		F. Location AI No.:					
G. Location Contact Name:		H. Location Contact Phone No.:		).:				
I. Number of Tires to i	be Processed:							
J. Federal Tax ID No.:		K. State Tax ID No.:						
3. Payment Information								
Indicate how the required fee is paid or include check. Attach check or money order to the original application. Do NOT attach a copy of the check in the application.								
A. Payment Method:		B. Check/Money Order number:		C. Amount Paid:				
☐ Check ☐ Money order				\$				
Attach current proof of liability insurance in the amount of \$1,000,000 by an insurer who is admitted, authorized, or eligible to conduct insurance business in Louisiana.								
All mobile processors are required to meet the applicable standards and responsibilities of LAC 33:VII.Chapter 105.								
4. Vehicle Information: On a separate page, list additional vehicles and information transporting waste tires.								
Make	Model	Year	License Number		Registered	Owner		
5. Processor Certif	ication							
I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
Authorized Signature		Print Name and	Title			Date		

Department of Environmental Quality Office of Environmental Services Waste Permits Division P.O. Box 4313 Baton Rouge, LA 70821-4013 (225) 219-3181

## LOUISIANA

## WASTE TIRE MOBILE PROCESSOR APPLICATION FORM



Additional Location(s) of Processing Equipment Information (additional locations can be added on Page 2)							
A. Type of Location	Collection Center	Processor	Authorized Facility				
B. Location Address (identify by street number, by intersection of roads, or by mileage and direction from nearest intersection).							
C. City							
E. Location DEQ Facility No.:		F. Location AI No.:					
G. Location Contact Name:		H. Location Contact Phone No.:					
I. Number of Tires to be Processed:							
J. Federal Tax ID No.:		K. State Tax ID No.:					
Additional Location(s) of Processing Equipment Information (additional locations can be added on Page 2)							
A. Type of Location	Collection Center	Processor	☐ Authorized Facility				
B. Location Address (identify by street number, by intersection of roads, or by mileage and direction from nearest intersection).							
C. City		D. Parish					
E. Location DEQ Facility No.:		F. Location AI No.:					
G. Location Contact Name:		H. Location Contact Phone No.:					
I. Number of Tires to be Process	sed:						
J. Federal Tax ID No.:		K. State Tax ID No.:					
Additional Location(s) of Processing Equipment Information (additional locations can be added on Page 2)							
A. Type of Location	Collection Center	Processor	☐ Authorized Facility				
B. Location Address (identify by street number, by intersection of roads, or by mileage and direction from nearest intersection).							
C. City		D. Parish					
E. Location DEQ Facility No.:		F. Location AI No.:					
G. Location Contact Name:		H. Location Contact Phone No.:					
I. Number of Tires to be Processed:							
J. Federal Tax ID No.:		K. State Tax ID No.:					