STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Financial Services Division

REQUEST FOR BENEFICIAL END USE OF WASTE TIRE MATERIAL

INSTRUCTIONS FOR COMPLETING FORM: Use ink and print or type all items except where a signature is required. Forms completed in pencil will NOT be accepted. Original form must be mailed to the department.

A separate form must be completed for each facility/location (INCOMPLETE APPLICATIONS WILL BE RETURNED)

RETURN COMPLETED FORM TO: LDEQ Financial Services Division   Phone: (225) 219-3863
Post Office Box 4303
Baton Rouge, LA 70821-4303

I. Processor Information:

Facility Name: _____   **Contact Name:**_____

Agency Interest No: _____   **Facility ID:** _____   **Facility Tele#: (   )** _____

II. Beneficial Use Information:

Agency Interest No. _____ (Assigned by the Department)	Facility ID No. _____ (Assigned by the Department)
Name of Business/Government or Organization:	Business/Property Owner:
Physical Location/Street Address:	Business Mailing Address:
City, State, Zip:	City, State, Zip:
Parish:	Contact Phone No. Area Code ( )
Number of Locations owned:	FAX NO:

III. Beneficial Use: (check one) One Time Civil Engineering _____   Qualified Recycler _____   Other _____

IV. Product Description:		Crumb Rubber		Shreds	TDF		Whole Tires

Other:

V. Estimated Weight of Processed Material to be Used:

Start Date:	End Date:	Ongoing:		

VI. Items Included:		Photographs		Site Maps			Calculations

Other:

VII. *Attach Description/Justification of Project*

VIII. Certification

I have personally examined and am familiar with the information submitted, and herby 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 possiblility of fine and imprisonment. Completed processors manifest shall be maintained by all parties for a minimum of three (3) years, and shall be made available for audit and/or inspection at the place of business during regular business hours.

_____   _____
Authorized Signature   Date

_____   _____
Print Name   Title of Signatory

DEQ Use Only
Approved: (Circle One)   **Y   N** _____   **Project Number** _____
                                              Date

Revised 8/5/2009