



Agency Interest No. _____
 Financial Services Division
 Post Office Box 4303
 Baton Rouge, Louisiana 70821-4303
 Phone: (225) 219-3863

WASTE TIRE TRANSPORTER NOTIFICATION FORM

DEQ Facility No: R
 (To be assigned by Department)

Authorization Certificate No: T
 (To be assigned by Department)

I. Applicant Information (Print Legibly or Type)

| | | |
|-------------------------------------|-----------------------------------|---------|
| Business/Property Owner/Contact: ** | Contact person: | |
| Business/Organization: | Physical Location/Street Address: | |
| Mailing Address: | City, State: | |
| City, State, Zip: | Zip: | Parish: |
| Parish | Business Phone No: | |

II. Tax ID No.

| | |
|--------------------|------------------|
| Federal Tax ID No: | State Tax ID No: |
|--------------------|------------------|

III. Fees Waste Tire Transporter: \$100 per year (July 1-June 30) VEHICLE: \$25 PER VEHICLE (July 1-June 30)

*Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address. Attach **current proof of liability insurance** for each vehicle that will be utilized for the transporting of waste tires.

** Application must be in the name of the registered owner. If leasing must show proof of lease and insurance must be in lessee name.

IV. Vehicle Information: On a separate page, list additional vehicles and information transporting waste tires.

| Make | Model | Year | License Number | Registered Owner ** |
|------|-------|------|----------------|---------------------|
| | | | | |
| | | | | |

V. CERTIFICATION

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