



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:
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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