## MONTHLY WASTE TIRE COLLECTION CENTER REPORT

**Agency Interest #:_____**  
**Facility #: R-_____**  
**Month: ____**  
**Year: ____**

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<thead>
<tr>
<th>BUSINESS NAME:</th>
<th>STREET:</th>
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<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td>CITY: STATE: ZIPCODE:</td>
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<tr>
<td>PHYSICAL ADDRESS: (if different than mailing)</td>
<td>STREET:</td>
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<tr>
<td>CONTACT NAME:</td>
<td>EMAIL:</td>
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<td>PHONE NUMBER:</td>
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*if any of the above contact information has changed, it can be corrected by emailing facupdate@la.gov.*

- Check this box if you are no longer in business of collecting tires. Indicate the date you no longer operated at this location here: ____/____/____

- **File a separate report for each month**
- **Report is due no later than the 15th of month after the reporting month**  
  (Example: January report is due by February 15th)
- **Mail form with attachments to address at top of form**
- **Questions? Call (225) 219-5337 or 1-866-896-LDEQ**

### TOTAL NUMBER OF TIRES DROPPED OFF AT FACILITY

*per attached waste tire collection log sheet*  

### TOTAL NUMBER OF TIRES/TIRE WEIGHT SENT TO LANDFILL FOR DISPOSAL

*Tire drop offs must be documented on the waste tire collection log available on the Department’s website. The logs and reports shall be maintained by the collection center for a minimum of five years and shall be made available for audit and/or inspection at the collection center’s place of business during regular business hours.*

Government agencies operating processing equipment under the authority of LAC 33:VII.10517.C must also comply with LAC 33:VII.10525.J.

Certification: I personally examined and am familiar with the information submitted in this document, and I 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.

<p>| AUTHORIZED SIGNATURE: | DATE: _______ |
| PRINTED NAME: | |</p>
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>EMPLOYEE WITNESS</th>
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**INDIVIDUAL’S NAME**

**MAILING ADDRESS**
- STREET: 
- CITY: 
- STATE: 
- ZIPCODE: 

**PHONE NUMBER**
- DRIVER’S LICENSE STATE NUMBER 
- LICENSE PLATE STATE NUMBER 

**NUMBER OF TIRES COLLECTED**
- ELIGIBLE
- INELIGIBLE

**How were the tire generated?**

**SIGNATURE**

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**PHONE NUMBER**
- DRIVER’S LICENSE STATE NUMBER 
- LICENSE PLATE STATE NUMBER 

**NUMBER OF TIRES COLLECTED**
- ELIGIBLE
- INELIGIBLE

**How were the tire generated?**

**SIGNATURE**
### WASTE TIRE COLLECTION CENTER LOG SHEET:
#### GOVERNMENTAL ROADSIDE PICKUP

**Agency Interest #:** R-____  
**Facility #:** R-____  
**Month:** _____  
**Year:** _____  

**DEQ LOUISIANA**  
**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**WASTE PERMITS DIVISION**  
**P.O. BOX 4313**  
**BATON ROUGE, LA 70821-4313**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>EMPLOYEE’S NAME</th>
<th>TIRE(S) LOCATION</th>
<th>STREET:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIPCODE:</th>
<th>PHONE NUMBER</th>
<th>LICENSE PLATE NUMBER</th>
<th>NUMBER OF TIRES COLLECTED</th>
<th>PASSenger</th>
<th>MEDIUM TRUCK</th>
<th>OFF ROAD</th>
<th>EXEMPT</th>
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