

WASTE TIRE FACILITY PERMIT APPLICATION

I. TYPE OF APPLICATION (please print or type)		TPID #:	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Permit Revision	<i>CalRecycle use only</i>	
		Date Received:	
<input type="checkbox"/> Application Amendment		Date Accepted:	
		Date Rejected:	

II. TYPE OF FACILITY	
<input type="checkbox"/> Major Waste Tire Facility (5,000 or more tires)	
<input type="checkbox"/> Minor Waste Tire Facility (500 or more tires, but less than 5,000)	

III. GENERAL INFORMATION							
Facility Name:							
Facility Mailing Address:							
City:		County:		State:		Zip:	
Facility Location (if different from mailing address):							
City:		County:		State:		Zip:	
Assessor's Parcel Number(s):		GPS Coordinates:		Site Acreage:			
Facility Operator's Name:							
Mailing Address:							
City:		County:		State:		Zip:	
Property Owner's Name (if different from operator):							
Mailing Address:							
City:		County:		State:		Zip:	

IV. AGENCY INFORMATION	
Fire Authority Agency Name:	
Contact Person:	Phone:
Vector Control/Mosquito Abatement Agency Name:	
Contact Person:	Phone:

V. TYPE AND QUANTITY OF WASTE TIRES				
Type of Waste Tires Received:	<input type="checkbox"/> Whole Passenger	<input type="checkbox"/> Whole Truck	<input type="checkbox"/> Whole Tractor	<input type="checkbox"/> Split Tires
	<input type="checkbox"/> Whole Earthmover/Construction Equipment	<input type="checkbox"/> Cut Tires	<input type="checkbox"/> Shredded Tires	
	<input type="checkbox"/> Other:			
Number of Whole Waste Tires/Passenger Tire Equivalents Stored or Maintained On-Site:				
Maximum Capacity (Whole Waste Tires/Passenger Tire Equivalents):				

VI. EQUIPMENT			
Types of On-Site Processing Equipment:	<input type="checkbox"/> Stationary Shredder	<input type="checkbox"/> Baler	<input type="checkbox"/> Splitter
	<input type="checkbox"/> Mobile Shredder	<input type="checkbox"/> Other:	

VII. PROPOSED CHANGE TO FACILITY	
<input type="checkbox"/> Design (describe):	
<input type="checkbox"/> Operation (describe):	
Proposed Date of Change:	

VIII. REQUIRED DOCUMENTS (attachments)			
Major & Minor Waste Tire Facility:	<input type="checkbox"/> Operation Plan <small>(CalRecycle 501)</small>	<input type="checkbox"/> Environmental Form <small>(CalRecycle 502)</small>	<input type="checkbox"/> Emergency Response Plan <small>(CalRecycle 503)</small>
	<input type="checkbox"/> Vector Control Info. <small>(include approved alternatives)</small>	<input type="checkbox"/> Fire Department Info. <small>(include approved alternatives)</small>	<input type="checkbox"/> Property Lease Agreement
	<input type="checkbox"/> Fire Safety Plan		
	<input type="checkbox"/> Applicable permits and approvals.		
For Major Waste Tire Facility, also include the following:	<input type="checkbox"/> Closure Plan <small>(CalRecycle 504)</small>	<input type="checkbox"/> Reduction/Elimination Plan	<input type="checkbox"/> Financial Assurance
	<input type="checkbox"/> Operating Liability		

IX. OWNER SIGNATURE			
I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a waste tire facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.			
Property Owner or Agent Signature:			
Typed Name & Title:		Date:	

X. OPERATOR CERTIFICATION			
I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.			
Facility Operator or Agent Signature:			
Typed Name & Title:		Date:	