

APPLICANT: This application is a:

CalRecycle Use Only TPID:
Reviewed By: _____
Date Issued: _____

- | | | | |
|--------------------|--------------------------|---|--------------------------|
| New Application | <input type="checkbox"/> | Change in Business Name, Owner or Vehicle Ownership | <input type="checkbox"/> |
| Renewal | <input type="checkbox"/> | Change in Facility Address, Mailing Address or Phone Number | <input type="checkbox"/> |
| Add/Delete Vehicle | <input type="checkbox"/> | Replacement Decal | <input type="checkbox"/> |

Waste Tire Hauler Registration Application

Pursuant to Section 42950 et. seq. of the Public Resources Code, a waste tire hauler shall submit the following information on this form in order to obtain a Waste Tire Hauler Registration and approval to transport used or waste tires.

APPLICANT: COMPLETE (TYPE OR PRINT IN INK) ITEM 1 THROUGH 11. IF A SPECIFIC ITEM DOES NOT APPLY TO YOUR COMPANY, ENTER "N/A", FOR NOT APPLICABLE. INCOMPLETE OR PHOTOCOPIED FORMS MAY BE REJECTED.

1. Name of Business*: _____

2. Please check the appropriate box for the Business listed above:

- Individual Sole Proprietorship Limited Liability Company Corporation Political Subdivision

3. Facility Address: (The location of the business including where vehicles and used or waste tires are stored)

Street _____

City _____ State _____ Zip Code _____

4. Business Owner [Individual, CEO, President, Managing Partner(s)] : _____ / Phone Number _____

Social Security Number ____ - ____ - ____ ** Driver License/Identification Number _____

5. Business Manager (if different from Business Owner): _____ / Phone Number _____

6. Other business names of the company (DBA's): _____

7. Mailing address of company: _____

City _____ State _____ Zip Code _____

8. Attach proof of bond. (Form CIWMB-61)

9. Have you at any time had a license, permit, or registration issued by the Department that was the subject of a disciplinary action? Yes or No if yes, please explain.

* Name of individual, sole proprietorship, co-partnership, Limited Liability Company, corporation, or political subdivision applying for registration.

** Pursuant to Family Code Section 17520(d), persons applying for issuance or renewal of any license or other authorization to engage in a business, occupation, or profession under any of the laws administered by the Department, must provide their social security numbers to the Department. The Department uses this information to match their names to the names on the list provided by the Department of Child Support Services, and to respond to requests for information made by child support agencies. Please be advised that this social security number may be used for the Department enforcement and/or collection of penalties when needed. Please note that this section does not apply to Limited Liability Companies, corporations, or political subdivisions.

10. I understand that any misstatement or omission of material fact on this application shall be cause for punitive action or may be grounds for criminal, civil, or administration actions, including denial, revocation, or suspension of the waste tire hauler registration. I certify under penalty of perjury under the laws of the State of California that the information on this application form is true and correct.

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

Title of Authorized Agent

No registration application fee is required. Incomplete applications will be returned, and applicant will not be considered registered.

RETURN COMPLETE REGISTRATION APPLICATION TO:

Tire Hauler Compliance Section
Compliance Evaluation and Enforcement Division
Department of Resources Recycling and Recovery (CalRecycle)
P.O. Box 4025
Sacramento, CA 95812

Business Name (Item 1 from previous page) _____

Registration Number (if known) _____

Vehicle Description Sheet

11. This part must be completed by all applicants for a permit to transport used or waste tires pursuant to Chapter 19, Section 42950 et. seq. of the Public Resources Code and submitted to the Department of Resources Recycling and Recovery (CalRecycle). Please attach additional sheets, if necessary.

(Important Notice -The applicant is responsible for the actions of any persons transporting used or waste tires under this registration. I understand that all drivers under this registration shall maintain a valid driver's license and that all vehicles listed under this registration shall maintain a current Department of Motor Vehicles registration.)

No	License Number	State	Vehicle Identification Number	Make/Model	Year	Type*	Registered Owner
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Type of vehicle: Include **Motorized** Vehicles Only (No Trailers)

Please send me a Temporary Certificate For Alternate Vehicles for the upcoming year’s renewal pursuant to Title 14, California Code of Regulations, Chapter 6, Article 8.5, section 18456.4, Temporary Registration of Alternate Vehicles. I realize that I will be receiving only one temporary certificate each year and that this certificate is not transferable to any other registration. Additionally, know that I am required to inform the Department upon the use of any alternate vehicle within two (2) calendar days. I realize that failure to abide by the requirements of the Temporary Registration may result in a fine up to \$2,500 for each offense and potential loss of Temporary Registration Certificate.