

Waste Tire Facility Permit Exclusion Notification

Business and Property Ownership Information

Note: This form will be rejected if any required information (marked by an asterisk*) is missing or illegible. This information is being requested in accordance with state regulations. The information is required and will only be used by CalRecycle.

Tire Program Identification (TPID) # _____ *

*Business Name **

*Business Hours of Operation **

*Business Owner/Operator Name **

*Property Owner Name **

*Business Street Address **

*Property Assessor Parcel Number and County **

*City, State, ZIP Code **

*Property Owner Mailing Address **

*Business Mailing Address (same as street address) **

*City, State, Zip Code **

*City, State, Zip Code **

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*Property Owner Phone Number **

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*Business Phone Number **

Business Email Address

Business Operation Information

This business qualifies for a waste tire permit exclusion based on the following authority: *

- Agricultural Purposes (PRC sections 42831, 42801 and 14 CCR, section 18420)
- Tire Treading Business (PRC section 42831 and 14 CCR, section 18420)
- Automobile Dismantler (PRC section 42808 and 14 CCR, section 18420)
- Tire Dealer (PRC section 42808(c) and 14 CCR, section 17225.820)
- Waste Tire Collection Location (14 CCR, Section 18420.1)

What is the average quantity of waste tires this business handles on an annual basis? * _____

Business Description * _____

Certification

** By signing below, I hereby certify under penalty of perjury that this waste tire facility complies with all required permits, licenses, and other local approvals, and that the information provided in this document is true and correct to the best of my knowledge and belief.*

Facility Operator or Agent Printed Name

Title

* Facility Operator or Agent Signature

Date

CalRecycle
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Waste Tire Enforcement Program
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