2-Part Scrap Tire Shipping/Receiving Form

SECTION A: SHIPPING INFORMATION

Indicate whether this transaction is a: [ ] Pick-Up [ ] Delivery

Indicate the quantity of scrap tires being picked up/delivered according to ONE of the following measures:

- Exact number count:
- Volume (cubic feet):
- Weight (tons):

Of the scrap tires being shipped, estimate the number that are:

- Passenger Tires: ________%
- Truck Tires: ________%
- Other Tires: ________%

ONE of the following conditions MUST be met prior to shipment. The transporter should visually inspect shipping receipts, larvicide application records and/or the tires themselves to confirm that appropriate vector control measures were taken.

1. Are the tires free of water? [ ] Yes [ ] No

2. Were the tires removed from the rim within the past 7 days? [ ] Yes [ ] No

3. Were the tires properly treated with larvicide? [ ] Yes [ ] No

[ ] Initials of Both Parties: By initialing these boxes, each party is confirming that the appropriate action has been taken.

Transporter: [ ] Shipper/Receiver: [ ]

SECTION B: SCRAP TIRE TRANSPORTER

Ohio EPA Scrap Tire Transporter Registration #: ________________  Vehicle License Plate #: ________________

Driver Name: ____________________________________________  Name of Company: ________________________

Mailing Address: ____________________________

City: ________________  State: ________________  Zip: __________  Phone #: ________________

I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Signature of Transporter ____________________________  Date __________

SECTION C: Check One:  Scrap Tire Generator: ________  Scrap Tire Recipient: ________

Scrap Tire Facility Registration/Permit Number or Beneficial Use Permit Number (if applicable): ______________________

Name of Company or Individual: ______________________

Mailing Address: ____________________________

City: ________________  State: ________________  Zip: __________  Phone #: ________________

I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Printed Name of Generator or Recipient ______________________  Signature of Generator or Recipient ______________________  Date __________