

Send Form To:
Georgia EPD
Scrap Tire Program
4244 International Pkwy., Suite 104
Atlanta, Georgia 30354

**GEORGIA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION**

SCRAP TIRE CARRIER IDENTIFICATION NUMBER APPLICATION

Authority: Comprehensive Solid Waste Management Act (as Amended through 1997)
(O.C.G.A. 12.8.20)

A separate form must be submitted for each business location.

EPD Use Only

The undersigned hereby applies for a Scrap Tire Carrier ID Number:

ID# _____

Applicant Information

1. Name of Applicant _____

2. Name of Business _____

3. Applicant's Telephone Number _____

4. Applicant's Mailing Address (including County) _____

5. Business Street Address (including County) _____
(if different from above) _____

6. Type of Ownership: ___ Individual ___ Partnership ___ Corporation
 ___ Other _____

7. List all known facilities where you will be depositing scrap tires for disposal, processing, or end use.
(attach additional sheets, if necessary)

A list of EPD-Approved Processors is available from this office.

Name	Address	Telephone
A) _____	_____	_____
B) _____	_____	_____
C) _____	_____	_____

8. Commercial Carrier? Yes _____ No _____

9. Financial Assurance: **You must submit a bond or letter of credit using either of the attached forms.
Permits will not be issued unless a bond or letter of credit is received and approved along with
this application.**

Amount of Bond or Letter of Credit:

- A) Up to 500 tires per month = \$5,000
- B) Over 500 tires per month = \$10,000

I hereby certify the information provided in this application is true, accurate and correct, to the best of my knowledge and belief.

Name (print/type) _____ Signature _____

Title (print/type) _____ Date _____