

**NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT**

Scrap Tire Hauler Registration Application

1. Scrap tire hauler status: New _____ Renewal _____ Update Info _____

Current Hauler ID Number: NCT _____

2. Business name of hauler: _____ Phone number: _____

3. Owner of hauler service: _____

4. Contact person (if different from owner): _____

5. Mailing address of hauler: _____

City: _____ County: _____ State: _____ Zip: _____

6. Hauler's e-mail address: _____

7. Counties to be served: _____

8. List all solid waste facilities where you will take scrap tires for disposal or processing (attach additional sheets if necessary):

Facility Name	Address	County
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Number of vehicles to be used: _____

10. Please submit the following information for each vehicle you will use to transport scrap tires. If you are using more than two vehicles, attach additional sheets to provide the information for each vehicle.

Vehicle 1:

- a. Description of vehicle: _____
- b. License plate state and number: _____
- c. Department of Motor Vehicles registration number or VIN #: _____

Vehicle 2:

- a. Description of vehicle: _____
- b. License plate state and number: _____
- c. Department of Motor Vehicles registration number or VIN #: _____

By sending this application into the Scrap Tire Program, I acknowledge that I have read and understand the scrap tire regulations and laws.

_____ (Yes or No) If you have computer print capabilities and an email address, may we email the registration certificate to you?

Return completed form to:
Scrap Tire Program, Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699-1646
or e-mail: john.patrone@ncdenr.gov