
**WASTE TIRE TRANSPORTER REPORT**


#### (Continue on back, if necessary)

REPORT FOR THE MONTH OF  20

TRANSPORTER 

ADDRESS 

PHONE  FAX #  LICENSE # 

**SECTION 1. TOTAL NUMBER OF WASTE/USED TIRES TRANSPORTED THIS MONTH FROM DEALERS OR OTHER SOURCES:**

***# AUTO  # TRUCK # OTHER***

##   DEALER/SOURCE NAME           ADDRESS          TIRES   TIRES  TIRES

    

    

**SECTION 2. TOTAL NUMBER (OR TONS) OF WASTE/USED TIRES TRANSPORTED THIS MONTH TO DISPOSAL, RECYCLING, OR RECAPPING FACILITIES:**

***# AUTO  # TRUCK # OTHER***

***FACILITY NAME             ADDRESS         TIRES  TIRES  TIRES***

    

    

    

    

**SECTION 3. TOTAL NUMBER OF SALVAGEABLE WASTE/USED TIRES SOLD TO DEALERS FOR RESALE** (List by dealer):

***# AUTO  # TRUCK # OTHER***

***DEALER NAME              ADDRESS         TIRES   TIRES  TIRES***

    

    

**SECTION 4. NAME OF PEST CONTROL COMPANY DATE OF SERVICE**

*(If tires were stored in-side facility or container please insert Or N/A- All Tires Stored Inside)*

 

**I hereby certify that the tire count shown on this report is true and correct.**

PRINT NAME  TITLE  DATE 

SIGNATURE

**NOTE:** This report is **DUE NO LATER THAN THE 20th of** **EVERY MONTH** for the **PREVIOUS calendar month. ALL ITEMS MUST BE COMPLETED.** An incomplete report will be treated as **NO REPORT SUBMITTED FOR THE MONTH.**

**FAX TO: (904) 381-1112 OR** Mail to: **Waste Tire Enforcement Officer**

 **Interagency Special Investigations**

For questions regarding this form, **1031 Superior St**

call: (904) 255-7519 **Jacksonville, Florida 32254** Rev 3/13

**WASTE TIRE TRANSPORTER REPORT** (Continued)

FOR THE MONTH OF  20

TRANSPORTER 

***SECTION #                                          # AUTO # TRUCK # OTHER***

***Continued   DEALER NAME            ADDRESS         TIRES  TIRES  TIRES***

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     

     