

**WASTE TIRE DEALER/GENERATOR REPORT**

FOR THE MONTH OF  20

**1.** DEALER 

 ADDRESS 

 PHONE  FAX 

**2. TOTAL NUMBER OF WASTE TIRES GENERATED:** *(If no tires were generated this month, enter a “0” or “none”)*

1. Automobile # b. Truck # c. All Other #
2. **NUMBER OF WASTE TIRES PICKED UP BY LICENSED WASTE TIRE TRANSPORTERS**

*(If no tires were picked up this month, enter a “0” or “none”. List the name of company transporting and the dates of pickup)*

**LICENSED DATE CITY # AUTO # TRUCK # OTHER**

**TRANSPORTER PICKED LICENSE TIRES   TIRES   TIRES**

 **UP NUMBER**

     

     

     

     

     

1. **NAME OF PEST CONTROL COMPANY DATE OF SERVICE**

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

 

**I hereby certify that the tire count shown above 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**