



**A R K A N S A S**  
Department of Environmental Quality

## WASTE TIRE MANAGEMENT AND TRUCK TIRE GRANT APPLICATION



<b>1. Regional Solid Waste Management Board:</b>		Federal Employer Tax ID Nbr.:	
RSWMB Applicant:		Telephone Nbr.:	
		Fax Nbr.:	
Mailing Address:		District Contact:	
City/State/Zip:		E-Mail:	
Has a manifest system been implemented within the service area? [Reg.14.501(A)(1)(b)]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fee in place to charge for the management of non-fee paid tires? (Attach fee schedule)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the District award only the per tire or per ton amounts needed to cover the cost of the winning bid on a contract for service? [Reg.14.505(D)]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this funding request for recycling or reuse? <input type="checkbox"/> If No, attach a narrative explaining tire recycling feasibility. [Reg.14.503(B)]			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. Purpose(s) For Which Grant Money Is Requested: (Check all that apply) [A.C.A § 8-9-405(a)]</b>		
Construct or operate or contract for the construction or operation of a waste tire processing facility and equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract for a waste tire processing facility service within or outside the regional solid waste management district.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remove or contract for the removal of waste tires from illegal waste tire sites within the regional solid waste management district.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform or contract for the performance of research designed to facilitate waste tire recycling.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Establish waste tire collection centers at solid waste disposal facilities, waste tire processing facilities or waste tire generators that shall accept automobile and truck or specialty tires from registered tire dealers at no charge, provided the waste tires had a waste tire management fee collected at the time of retail sale.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Establish at least one (1) waste tire collection center within the district that may accept all tires for which a management fee was not previously collected, including, but not limited to, mining, farming, or off-the-road vehicle tires. Any fee charged for the tires must not be in excess of the costs of properly removing and disposing of the tires.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide incentives for establishing privately operated waste tire collection centers for the public. This provision does not pertain to off-the-road tires that are exempt from the tire management fee.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Establish educational programs designed to inform the public of available recycling options and programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Funding for additional transportation costs incurred as a result of using waste tire disposal alternatives as a preference over landfill disposal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use moneys for other purposes approved by the Department.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		

**3. Project Information:**

Is this a joint application with another RSWMB?  
(If yes, complete below and attach a copy of the inter-district agreement.)  Yes  No

RSWMB Name	Authorized Signature	Title

Do all RSWMB(s) listed above have an approved Solid Waste Management Plan on file with the Department? [A.C.A. § 8-6-717 (C )]  Yes  No

Total population of service area:

List all counties to be served:

Contractor name(s) and location(s): (Attach copies of all contracts, proof of public notice publications and bids) [Reg.14.503(E)(1)(e)]

Contractor Name <b>#1</b>	Site Address	City/State/Zip
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State length of the current contract, including beginning and ending dates and roll over options. [A.C.A. § 19-11-238 et seq. and Reg.14.505(F)]

Beginning Date	Ending Date	Length of Current Contract	yr(s)	Roll Over Option(s)	yr(s)
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Contractor Name <b>#2</b>	Site Address	City/State/Zip
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State length of the current contract, including beginning and ending dates and roll over options. [A.C.A. § 19-11-238 et seq. and Reg.14.505(F)]

Beginning Date	Ending Date	Length of Current Contract	yr(s)	Roll Over Option(s)	yr(s)
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Contractor Name <b>#3</b>	Site Address	City/State/Zip
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State length of the current contract, including beginning and ending dates and roll over options. [A.C.A. § 19-11-238 et seq. and Reg.14.505(F)]

Beginning Date	Ending Date	Length of Current Contract	yr(s)	Roll Over Option(s)	yr(s)
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Contractor Name <b>#4</b>	Site Address	City/State/Zip
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State length of the current contract, including beginning and ending dates and roll over options. [A.C.A. § 19-11-238 et seq. and Reg.14.505(F)]

Beginning Date	Ending Date	Length of Current Contract	yr(s)	Roll Over Option(s)	yr(s)
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Contractor Name <b>#5</b>	Site Address	City/State/Zip
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State length of the current contract, including beginning and ending dates and roll over options. [A.C.A. § 19-11-238 et seq. and Reg.14.505(F)]

Beginning Date	Ending Date	Length of Current Contract	yr(s)	Roll Over Option(s)	yr(s)
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Has the applicant public noticed their intent to apply for waste tire grant funding (Attach proof of publication and any comment letters) [(Reg. 14.503(C )) and followed all applicable purchasing laws? [Reg.14.503(E)(1)(e)]  Yes  No

Will the project be operated by the Applicant?  Yes  No

Will the project be operated by a contractor?  Yes  No

Are District and/or contractors in compliance with and have the current necessary permits and licenses required by state law? [Reg.14.505(B)]  Yes  No

Attach a projected Budget. [Reg.14.503(E)(1)(d)]

Prior Calendar Year Tire Totals	Automobile: #	Truck: #	Total Auto & Truck: #
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**4. Certification:**

To the best of my knowledge, I certify the above information provided is true and correct.

Signature of Authorized Agent \_\_\_\_\_ Print Authorized Agent Name and Title \_\_\_\_\_ Date \_\_\_\_\_