



USED TIRE COLLECTION, MOBILE TIRE PROCESSING EQUIPMENT AND PROCESSING FACILITY ANNUAL REPORT

Pursuant to APC&EC Regulation 36, the owner or operator of a permitted used tire collection or processing facility is required to submit the following information to the Division by June 30 of each calendar year for the prior calendar year. The annual report must be submitted along with the annual permit fee of \$50 for tire collection centers, \$50 for mobile tire processing equipment and \$250.00 for used tire processing facilities as a condition to maintain a used tire collection, mobile tire-processing equipment or processing facility permit.

1 Facility Information Calendar Year Covered By This									
1. Facility Information			a.	Report:					
b.	Permit Number:		g.	_	FIN:				
c.	Facility Name:			_	hone Number:				
С.	•		i.	F	ax Number:				
d.	Authorized person		į.	Α	Affiliation with facility	/ :			
	preparing report:								
e. f.	Mailing Address: City/State/Zip:			Manager and/or Owner Name:E-Mail:					
1.	1. Cny/State/Zip. 1. E-Maii.								
2.	. Quantities of Tires Collect	ted and Process	ed	l	Auto #	Trucl	x #	OTR#	
a.	Quantity located at the facility at begin		erio	od					
b.	Quantity received at the facility during								
c.	Quantity shipped from the facility during the reporting period								
d.	Quantity remaining at the facility at the end of the reporting period								
e.	e. For Fuel End Users, Quantity <i>utilized</i> during the reporting period								
3. Disposition of Tires and Tire Residuals Collected and Processed (from total quantity in 2c)									
(Assuming auto tires weigh 22.5 lbs., tire residuals weigh 33.3 lbs., and truck tires weigh 120 lbs.)									
	Type of Disposition				f Facility Shipped To)	Tons	Percent	
a.	TINE E 111				· • • • • • • • • • • • • • • • • • • •				
	Cement Kiln Steel Mill							%	
b.	☐ Industrial Boiler ☐ Pulp & Paper . TDF End User:								
υ.	Cement Kiln Steel Mill							%	
	☐Industrial Boiler ☐Pulp & Paper								
c.								%	
d.								%	
e.	, ,							%	
f.								%	
g.								%	
h. i.	1 00 0							%	
1. i	Playground Fall Zone Cover							%	
k.								%	
1	. Other: (Explain)							%	
m	0:1 (%	
		1			Т	OTAL		100%	
4. Certification									
To the best of my knowledge, I certify the above information provided is true and correct.									
Signature of Authorized Agent Print or Type Authorize					Agent Name and Title		Dat	e	
	, , , , , , , , , , , , , , , , , , ,								