



**Michigan Department of Environmental Quality, Office of Waste Management and Radiological Protection
SCRAP TIRE TRANSPORTATION RECORD**

This form provides the information required by Part 169, Scrap Tires, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.
THIS IS THE ONLY FORM APPROVED FOR USE BY THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY.

MANIFEST #:		VEHICLE/TRAILER #:
<p>This form shall be completed and signed by the scrap tire hauler at the time of collection from the generator. This form shall also be completed and signed by a scrap tire generator or hauler each time that he provides scrap tires for transportation to another facility. A copy shall be retained by the generator before the hauler leaves his site. The receiving location to whom the tires are delivered shall complete this form upon receipt of the scrap tires, retain a copy for their records, and within thirty (30) days, forward a copy of the completed form to the generator. The original copy shall be retained by the hauler. PLEASE SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION.</p>		
PART 1: SCRAP TIRE GENERATOR CERTIFICATION		<input type="checkbox"/> Consolidated Load
NAME:		Passenger Car _____ Truck _____ Oversized _____ Passenger tire equivalents _____ Gross Weight _____ Tare Weight _____ Net Weight _____
MAILING ADDRESS:		VOLUME/WEIGHT OF PROCESSED TIRES (CUT, SHREDDED, ETC.) TO BE TRANSPORTED:
CITY: STATE: ZIP CODE:		DATE PROCESSED:
PHYSICAL ADDRESS:		I hereby certify that the above indicated scrap tires were collected in the normal course of business in _____ County, and are destined to be transported to the facility indicated in Part 3 below. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations.
CITY: STATE: ZIP CODE:		SCRAP TIRE GENERATOR AUTHORIZED SIGNATURE: _____
COUNTY:		PRINT NAME: _____
PHONE # (INCLUDING AREA CODE):		DATE: _____
PART 2: SCRAP TIRE HAULER CERTIFICATION		
MI SCRAP TIRE HAULER REG. #:	OTHER ID # (IDENTIFY STATE):	I hereby certify that on this date the above indicated scrap tires were received from the scrap tire generator identified in Part 1 of this form for delivery to the facility identified in Part 3 of this form. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations.
NAME:		
MAILING ADDRESS:		SCRAP TIRE HAULER AUTHORIZED SIGNATURE: _____
CITY: STATE: ZIP CODE:		PRINT NAME: _____
PHONE # (INCLUDING AREA CODE):		DATE: _____
		GROSS WEIGHT: TARE WEIGHT: NET WEIGHT: TOTAL PASSENGER TIRE EQUIVALENTS:
PART 3: RECEIVING LOCATION CERTIFICATION		
MI SCRAP TIRE COLLECTION SITE REG. #:		I hereby certify that this facility is approved to receive scrap tires and that I have received the above scrap tires indicated in Part 1 in accordance with that authorization. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations. I certify that within thirty (30) days from the date I receive these tires I will forward a copy of this completed scrap tire transportation record to the generator listed in Part 1 above.
NAME:		
PHYSICAL ADDRESS:		SCRAP TIRE END USER/PROCESSOR/DISPOSER AUTHORIZED SIGNATURE: _____
CITY: STATE: ZIP CODE:		PRINT NAME: _____
PHONE # (INCLUDING AREA CODE):		DATE: _____
		<input type="checkbox"/> PROCESSOR <input type="checkbox"/> END USER <input type="checkbox"/> EXEMPT SITE <input type="checkbox"/> RETREADER <input type="checkbox"/> LICENSED PART 115 DISPOSAL AREA
TO BE COMPLETED BY THE RECEIVING LOCATION ONLY. NOTIFY GENERATOR/Hauler IF THERE IS A DISCREPANCY.		GROSS WEIGHT: _____ TARE WEIGHT _____ NET WEIGHT: _____ TOTAL PASSENGER TIRE EQUIVALENTS: _____

DISTRIBUTION: Original must be retained by the Hauler; Copies must be retained by: 1) Generator; 2) Scrap Tire End User/Processor/Disposer; Scrap Tire End User/Processor/Disposer must within 30 days from receipt of tires send a copy of completed record to the Generator. **Additional information required by the generator and/or hauler may be printed on the reverse.** See attached instructions on how to complete this form.