



Scrap Tire Transporter Registration Application

Application Type			
Check One:	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Amendment
Current Registration Number: _____			

Applicant Information			
Applicant Name: _____	Phone Number: _____		
Mailing Address Line 1: _____			
City: _____	State: _____	Zip: _____	Country: _____
Email Address: _____			

Application Fee Information

This application must be accompanied by a check made payable to the "TREASURER STATE OF OHIO" in the amount indicated below.

This **non-refundable application fee** is also the total annual registration fee.

The fee is **three hundred dollars (\$300.00)**, unless the registrant qualifies for (1) or (2) below.

(1) Is the applicant a licensed motor vehicle salvage dealer (MVSD) under ORC 4738? Yes No

If the registrant is a motor vehicle salvage dealer (MVSD) license under Chapter 4738 of the Ohio Revised Code and the MVSD certification statement below is signed, then **No Fee (\$0.00)** is required in accordance with Section 3734.83 of the Ohio Revised Code.

I certify under penalty of law that I will transport only scrap tires obtained as a direct consequence of receiving motor vehicles for salvage.

If yes:

MVSD License Number: _____

MVSD License Issue Date: _____

Name of MVSD License: _____

Signature: _____

(2) Is the applicant a licensed retail tire dealer or retreader under OAC 3745-27-54? Yes No

If the registrant is a tire retailer dealer or tire retreader, certification is signed below, then the fee is **Fifty Dollars (\$50.00)** in accordance with OAC Rule 3745-27-54 paragraph (C) (5)(b).

I certify under penalty of law that I will transport only scrap tires obtained as a direct consequence of my tire retail or retreading business.

If **Yes** to question 2, provide the following information:

Vendor License: _____

Vendor License Date: _____

Vendor Name: _____

Signature: _____

Financial Assurance

You must include a copy of your financial assurance document(s) in the amount no less than (\$20,000.00), in accordance with OAC Rules 3745-27-15 and 3745-27-54 to an initial application. For renewal applications, ensure financial assurance is still in effect and on file with Ohio EPA/DMWM.

Business Information

Please provide the following information concerning the scrap tire transportation business. The business information may be different than the application information.

Ohio Revised Code (ORC) 3734.83, in pertinent part, states; "no person shall transport scrap tires anywhere in this state unless the business or governmental entity that employs the person first registers with and obtains a registration certificate from the director of environmental protection. No more than one registration certificate shall be required of any single business or governmental entity.

Therefore, the practice of loaning out registration certificates is not permissible. If you loan registration certificates to individuals not employed by your business (e.g. subcontractors), you may be in violation of applicable laws and regulations. You should request ONLY the exact number of certificates you will need for vehicles being used by the business's own employees.

Business Name: _____ Country: _____
Business Address: _____ Phone: _____
Business City: _____ Manager Name: _____
Business State: _____ Manager Phone: _____
ZIP: _____ Manager Email: _____
County: _____

Number of Certificates: _____ (**Note:** Count the certificate for your location and the certificate for each vehicle.)

Will company be removing tires from transport vehicles for any reason (sorting, grading, load consolidation, etc.) or storing tires in covered containers at any location which is not currently licensed by Ohio EPA or specifically exempted by OAC 3745-27-61? Yes No

If you checked **Yes** to the above question, provide the following information for all Ohio locations where your business will be performing any sorting, grading, or temporary storage of scrap tires as permitted by ORC 3734.76(E)(2).

Note: Attach all Plan Drawings to this application.

Property Owner Name: _____ Phone Number: _____
Address: _____ Township: _____
City: _____ State: _____ Zip: _____ County: _____
Latitude (degrees): _____ Longitude (degrees): _____

Will your company be operating portable equipment used for load consolidation (i.e. bailers, etc.)? Yes No

If you checked **Yes** to the above question, list your equipment and methods below:

List Equipment: _____ _____ _____	List Methods: _____ _____ _____
---	---------------------------------------

Business Owner Information

Owner Type: Corporation Government LLC Individual Partnership Sole Proprietorship

Owner Name: _____ Phone Number: _____

Mailing Address Line 1: _____

Mailing Address Line 2 (optional): _____

City: _____ State: _____ Zip: _____ Country: _____

Percent Ownership _____

