Iowa Department of Natural Resources

Land Quality Bureau

WASTE TIRE HAULER REGISTRATION

APPLICATION/RENEWAL FORM

CASHIERS USE ONLY
0001-997-5420-0657
06-0606-50-
Business Name
Applicant Name

Notice to applicants: Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application begin returned.

∫ **Begin here: This application is for:** ☐ **New Registration** ☐ **Annual Renewal**

Please complete all of the following items by typing or printing only:

ITEM 1 Name of business: _____

ITEM 1A List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)

_____

ITEM 2 Address and phone number of the principal place of business of the tire hauler:

Street address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

ITEM 3 Name and address of the person(s) submitting this application as a representative of the tire hauler:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

ITEM 4 Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:

1) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

2) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

3) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

ITEM 5 **Motor vehicle information**

Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #1	**Vehicle #2**
Year _____ Make _____ Model _____	Year _____ Make _____ Model _____
Name and address of owner:	Name and address of owner:
_____	_____
_____	_____
VIN# _____	VIN# _____
License Plate # _____	License Plate # _____
State Registered In: _____	State Registered In: _____
Vehicle #3	**Vehicle #4**
Year _____ Make _____ Model _____	Year _____ Make _____ Model _____
Name and address of owner:	Name and address of owner:
_____	_____
_____	_____
VIN# _____	VIN# _____
License Plate # _____	License Plate # _____
State Registered In: _____	State Registered In: _____

***Copy this sheet and add information for as many additional vehicles as needed**

ITEM 6 **Waste tire end use information**

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

1) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

2) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

3) Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

ITEM 7 If this application represents a NEW registration, attach a surety bond for $10,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

ITEM 8 The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.

Initial here with understanding of these requirements: _____

ITEM 9 The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.

Initial here with understanding of these requirements: _____

ITEM 10 The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.

Initial here with understanding of these requirements: _____

ITEM 11 I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:

Signature: _____ **Date:** _____

Type or print name: _____

ITEM 12 **Attach the annual registration fee of $50.** Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

Return completed application, fee, and bond information to:

Becky Jolly
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034