



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 SOLID WASTE MANAGEMENT PROGRAM  
**SCRAP TIRE TRACKING FORM**

**1. HAULER SECTION – FILL OUT ONE FORM PER LOAD OF SCRAP TIRES**

COMPANY NAME		OWNER NAME	US DOT PERMIT NUMBER
MAILING ADDRESS			TELEPHONE WITH AREA CODE
CITY	COUNTY	STATE	ZIP CODE
Hauler Certification: I declare that I have received scrap tires as offered by the following generator(s) for delivery to the following receiver and that the information contained in Parts 1, 2 and 3 is correct and complete.			
SIGNATURE			DATE

**2. GENERATOR SECTION – MUST BE FILLED OUT ENTIRELY – IF YOU ARE BOTH GENERATOR AND HAULER, FILL OUT SECTIONS ONE AND TWO**

COMPANY NAME	CITY	STATE	ZIP CODE
Generator Certification: I declare that the information below is correct and complete.			
SIGNATURE			DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD
<b>NUMBER OR WEIGHT OF TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD
COMPANY NAME	CITY	STATE	ZIP CODE

Generator Certification: I declare that the information below is correct and complete.			
SIGNATURE			DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD
<b>NUMBER OR WEIGHT OF THE TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD
COMPANY NAME	CITY	STATE	ZIP CODE

Generator Certification: I declare that the information below is correct and complete.			
SIGNATURE			DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD
<b>NUMBER OR WEIGHT OF THE TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD
COMPANY NAME	CITY	STATE	ZIP CODE

Generator Certification: I declare that the information below is correct and complete.			
SIGNATURE			DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD
<b>NUMBER OR WEIGHT OF THE TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD

<b>GENERATOR SECTION (cont.)</b>				
COMPANY NAME	CITY	STATE	ZIP CODE	
Generator Certification: I declare that the information below is correct and complete.				
SIGNATURE				DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
<b>NUMBER OR WEIGHT OF THE TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
COMPANY NAME	CITY	STATE	ZIP CODE	
Generator Certification: I declare that the information below is correct and complete.				
SIGNATURE				DATE
<b>NUMBER OR WEIGHT OF TIRES SHIPPED</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
<b>NUMBER OR WEIGHT OF THE TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
<b>3. RECEIVER SECTION (PROCESSOR, END USER, EXEMPT PERSON OR LANDFILL) MUST BE FILLED OUT ENTIRELY</b>				
COMPANY NAME	OWNER NAME		PERMIT/REGISTRATION NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
<b>NUMBER OR WEIGHT OF TIRES RECEIVED</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
I declare that the information contained above is correct and complete.				
SIGNATURE				DATE
COMPANY NAME	OWNER NAME		PERMIT/REGISTRATION NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
<b>NUMBER OR WEIGHT OF TIRES RECEIVED</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
I declare that the information contained above is correct and complete.				
SIGNATURE				DATE
COMPANY NAME	OWNER NAME		PERMIT/REGISTRATION NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
<b>NUMBER OR WEIGHT OF TIRES RECEIVED</b>	TRUCK	PASSENGER	OFF THE ROAD	DATE
I declare that the information contained above is correct and complete.				
SIGNATURE				DATE