



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
SCRAP TIRE END-USER REGISTRATION FORM

BUSINESS NAME OF COMPANY		TELEPHONE WITH AREA CODE	E-MAIL	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP code
FACILITY ADDRESS (IF DIFFERENT THAN ABOVE)		TELEPHONE WITH AREA CODE	E-MAIL	
CITY	COUNTY	STATE	ZIP code	
END-USER'S PRINCIPAL OR AUTHORIZED REPRESENTATIVE TO ACT AS CONTACT PERSON IN REFERENCE TO THIS REGISTRATION				
TITLE	E-MAIL	BUSINESS TELEPHONE WITH AREA CODE		
LIST END USE(S) AND THE APPROXIMATE NUMBER OR WEIGHT OF TIRES FOR EACH USE (ATTACH SHEETS IF NECESSARY)				
1.				
2.				
3.				
APPROXIMATE NUMBER OR WEIGHT OF SCRAP TIRES RECEIVED PER MONTH		APPROXIMATE NUMBER OR WEIGHT OF SCRAP TIRES SHIPPED OR OTHERWISE DISPOSED OF PER MONTH		
SCRAP TIRES ARE RECEIVED FROM THE FOLLOWING SOURCES (ATTACH LIST IF NECESSARY)				
1. Name		Permit Number:		
Address		City	State	ZIP code
2. Name		Permit Number:		
Address		City	State	ZIP code
3. Name		Permit Number:		
Address		City	State	ZIP code
4. Name		Permit Number:		
Address		City	State	ZIP code
I, the undersigned, certify that the information contained herein is true and complete and that the transport, disposal, storage or processing of scrap tires will comply with the requirements of the Missouri Solid Waste Management Law and Rules. I understand that in the event of any false or fraudulent information in the application or of failure to operate in compliance with the applicable laws a rules, the registration may be revoked after due notice from the Missouri Department of Natural Resources.				
Signature (Owner or Authorized Representative)			Date	
Print name and Title				