



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(19)
Form Title: Waste Tire General Permit Application
Effective Date: January 6, 2010
DEP Application No. _____ (Completed by DEP)

WASTE TIRE GENERAL PERMIT APPLICATION

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department:

Type of submittal: **General Permit Notification** **Quarterly Report**

If submitting **notification** for use of a general permit, **fill out Parts I & II**. If making a **quarterly report** fill out **Parts I & III**.

Part I. General:

A. Company name:

1. Phone: ()

2. Street Address:

City:

State:

Zip code:

3. Mailing address of collector:

City:

State:

Zip code:

4. Contact Person

5. Telephone number: ()

6. Federal Employer Identification Number (FEID) of Collector:

Part II. Notification

A. Status of Operation: Existing Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer:

2. Equipment model number:

3. Equipment serial number:

4. Manufacturers rated capacity:

5. Maximum input size:

6. Minimum output size:

7. Equipment owner:

8. Address:

City:

State:

Zip code:

C. Describe how and where processed tires will be used or disposed of:

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (*Rule 62-4, F.A.C.*)

E. Certification for Parts I and II:

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

Name of Authorized Agent

Signature of Authorized Agent

Date

Part III. Quarterly Report:

A. Quarterly reporting submissions for mobile shredding, chopping, or cutting equipment.

1. Quarter of this report (*First quarter begins on January 1, of any given year*):

2. No activity in this quarter

B. Quarterly activity at landfills. (Use additional sheets if necessary)

List each landfill where your equipment operated in the quarter covered by this report.

1. Landfill Name:

2. Owner / Operator Telephone number: ()

3. County:

4. Quantity tires processed: (*Expressed in tons assuming 100 passenger tires per ton, 20 truck tires per ton*)

5. Describe how processed tires were used or disposed of (*Example: daily cover, TDF, Landfillable shred ,etc*):

C. Quarterly activity at other sites. (Use additional sheets, if necessary)

List each site where your equipment operated in the quarter covered by this report.

1. Site name:

2. Owner / Operator Telephone number: ()

3. County:

4. Street Address:

City:

State:

Zip code:

5. Quantity tires processed: (*Expressed in tons assuming 100 passenger tires per ton, 20 truck tires per ton*)

6. Describe how processed tires were used or disposed of (*Example: daily cover, TDF, Landfillable shred ,etc*):

7. Product removed to:

8. Waste removed to: (*Example: daily cover, TDF, Landfillable shred ,etc*):

D. Certification for Parts I and III:

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

Name of Authorized Agent

Signature of Authorized Agent

Date

Mail completed form to:

Florida Department of Environmental Protection
Division of Waste Management / Waste Tires
2600 Blair Stone Road, MS 4550
Tallahassee, Florida 32399-2400