



**Michigan Department of Environmental Quality, Office of Waste Management and Radiological Protection  
SCRAP TIRE TRANSPORTATION RECORD**

This form provides the information required by Part 169, Scrap Tires, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.  
**THIS IS THE ONLY FORM APPROVED FOR USE BY THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY.**

MANIFEST #:		VEHICLE/TRAILER #:	
This form shall be completed and signed by the scrap tire hauler at the time of collection from the generator. This form shall also be completed and signed by a scrap tire generator or hauler each time that he provides scrap tires for transportation to another facility. A copy shall be retained by the generator before the hauler leaves his site. The end user/processor/dispenser to whom the tires are delivered shall complete this form upon receipt of the scrap tires, retain a copy for their records, and <b>within thirty (30) days, forward a copy of the completed form to the generator.</b> The original copy shall be retained by the hauler.			
<b>PART 1: SCRAP TIRE GENERATOR CERTIFICATION</b>		<input type="checkbox"/> Consolidated Load	
NAME:		Passenger Car _____ Truck _____ Oversized _____ Passenger tire equivalents _____ Gross Weight _____ Tare Weight _____ Net Weight _____	
MAILING ADDRESS:		VOLUME/WEIGHT OF PROCESSED TIRES (CUT, SHREDDED, ETC.) TO BE TRANSPORTED: DATE PROCESSED:	
CITY:	STATE:	ZIP CODE:	
PHYSICAL ADDRESS:		I hereby certify that the above indicated scrap tires were collected in the normal course of business in <u>Marquette</u> County, and are destined to be transported to the facility indicated in Part 3 below. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations.  SCRAP TIRE GENERATOR AUTHORIZED SIGNATURE: _____  PRINT NAME: _____  DATE: _____	
CITY:	STATE:		ZIP CODE:
COUNTY:	Marquette		
PHONE # (INCLUDING AREA CODE):			
<b>PART 2: SCRAP TIRE HAULER CERTIFICATION</b>			
MI SCRAP TIRE HAULER REG. #:	OTHER ID # (IDENTIFY STATE):	I hereby certify that on this date the above indicated scrap tires were received from the scrap tire generator identified in Part 1 of this form for delivery to the facility identified in Part 3 of this form. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations.  SCRAP TIRE HAULER AUTHORIZED SIGNATURE: _____  PRINT NAME: _____  DATE: _____  GROSS WEIGHT: TARE WEIGHT: NET WEIGHT: TOTAL PASSENGER TIRE EQUIVALENTS:	
NAME:			
MAILING ADDRESS:			
CITY:	STATE:		ZIP CODE:
PHONE # (INCLUDING AREA CODE):			
<b>PART 3: SCRAP TIRE END USER/PROCESSOR/DISPOSER CERTIFICATION</b>			
MI SCRAP TIRE COLLECTION SITE REG. #:	451188	I hereby certify that this facility is approved to receive scrap tires and that I have received the above scrap tires indicated in Part 1 in accordance with that authorization. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations. I certify that within thirty (30) days from the date I receive these tires I will forward a copy of this completed scrap tire transportation record to the generator listed in Part 1 above.  SCRAP TIRE END USER/PROCESSOR/DISPOSER AUTHORIZED SIGNATURE: _____  PRINT NAME: _____  DATE: _____  <input type="checkbox"/> PROCESSOR <input checked="" type="checkbox"/> END USER <input type="checkbox"/> EXEMPT SITE <input type="checkbox"/> RETREADER <input type="checkbox"/> LICENSED PART 115 DISPOSAL AREA	
NAME:			
Marquette County Solid Waste			
PHYSICAL ADDRESS:			
600 County Road NP			
CITY:	STATE:		ZIP CODE:
Marquette	MI		49855
PHONE # (INCLUDING AREA CODE):			
906-249-4125			
<b>TO BE COMPLETED BY END-USER/PROCESSOR ONLY. NOTIFY GENERATOR IF THERE IS A DISCREPANCY.</b>		GROSS WEIGHT: _____ TARE WEIGHT _____ NET WEIGHT: _____ TOTAL PASSENGER TIRE EQUIVALENTS: _____	

**DISTRIBUTION:** Original must be retained by the Hauler; Copies must be retained by: 1) Generator; 2) Scrap Tire End User/Processor/Dispenser; Scrap Tire End User/Processor/Dispenser must within 30 days from receipt of tires send a copy of completed record to the Generator.

**Additional information required by the generator and/or hauler may be printed on the reverse.** See attached instructions on how to complete this form.