NORTH CAROLINA SCRAP TIRE CERTIFICATION

REQUIRED FOR FREE TIRE DISPOSAL AT PUBLIC COLLECTION FACILITIES

Parts I and II must be completed to qualify for free disposal. Used tires and casings obtained from out-of-state by retreaders or used tire dealers are not eligible for free disposal. County may require proof that tires originated in NC. Used tire dealers, wholesalers, brokers, retreaders, and others who sort, grade, or cull loads of tires which were removed from vehicles by another NC dealer must provide the <u>original certification from the individual who first removed the tire from a vehicle.</u> Tires stockpiled before January 1, 1994 are not eligible for free disposal.

PART I: CERTIFICATION BY RETAILER OR OTHER PERSON DISPOSING OF SCRAP TIRES Name of retailer or other person disposing of scrap tires: Address_____Phone #() TO BE **COMPLETED** City_____State____ZipCode_____ BY **GENERATOR CERTIFICATION**: I hereby certify that these ______(total number) tires were collected for disposal as indicated below, and these tires originated in _____County, ____State, during the time **MUST HAVE ORIGINAL SIGNATURE** NUMBER OF TIRES REMOVED FROM VEHICLES WHEN REPLACEMENT TIRES WERE SOLD IN NO (Provide copies of E500G or E500 tax reports or other documentation IF required by county). NUMBER OF TIRES REMOVED WHEN VEHICLES WERE REPAIRED OR JUNKED IN NC (Provide proof of eligibility for free disposal <u>IF required by county</u>). _NUMBER OF TIRES REMOVED FROM FLEET VEHICLES IN NC (e.g. School bus shop, trucking company garage) (Provide proof tires were purchased in NC and proof of payment of disposal tax IF required by county). NUMBER OF TIRES COLLECTED BY MEANS OTHER THAN THE NORMAL COURSE OF BUSINESS (e.g. Cleanup projects, pre-1994 stockpiles from businesses and junkyards) LANDFILL FEES PAID______FEES WAIVED BY COUNTY_____ (CHECK ONE) NUMBER OF TIRES THAT ORIGINATED OUT OF STATE LANDFILL FEES PAID___ FEES WAIVED BY COUNTY___ SIGNATURE DATE PART II: CERTIFICATION BY SCRAP TIRE HAULER PART II Name of scrap tire hauler TO BE Scrap tire hauler identification #______or Merchant Identification #_____ **COMPLETED** (Applies only to retailers hauling their own tires) Mailing address Phone # () **HAULER** City State Zip Code MUST HAVE ORIGINAL **SIGNATURE CERTIFICATION**: I hereby certify that this load contains _____(number) of the same tires that were received from the person disposing of scrap tires in Part I of this form AND NO OTHERS. SIGNATURE DATE PART III: CERTIFICATION BY COLLECTOR, PROCESSOR, OR DISPOSER TO BE **COMPLETED** Facility Name_____Number of tires received BY**COLLECTOR**

PROVIDING FALSE OR INCOMPLETE INFORMATION ON THIS FORM IS SUBJECT TO A CIVIL PENALTY OF UP TO \$5000 PER VIOLATION PURSUANT TO N.C.G.S. 130A-22. FALSIFYING THIS REPORT IS A CLASS 2 MISDEMEANOR AND SUBJECT TO A FINE OF UP TO \$10,000 PURSUANT TO N.C.G.S. 130A-26.2

Received by: SIGNATURE_____

DATE