

**STATE OF HAWAII - DEPARTMENT OF HEALTH  
MOTOR VEHICLE TIRE RECOVERY SUMMARY**

July 1, 2007-June 30, 2008

**SECTION A -- BUSINESS LOCATION INFORMATION**

<u>Business Name:</u> agency, business, trade, and d/b/a name	<u>Business Telephone:</u>
<u>Contact Person:</u> if different from representative authorized to sign below	<u>Contact Telephone:</u>
<u>Business Location, City/State/ZIP:</u> Complete physical address of business or real property. Listing a post office box or rural route number as your business location is not permitted.	

1. Please check the activity/activities engaged by your business:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sale of new tires         | <input type="checkbox"/> Sale of used/recapped tires | <input type="checkbox"/> Auto salvage/scrap yard |
| <input type="checkbox"/> Tire distribution center  | <input type="checkbox"/> Used tire processor         | <input type="checkbox"/> Refuse hauler           |
| <input type="checkbox"/> Motor vehicle/bike repair | <input type="checkbox"/> Tire transporter            | <input type="checkbox"/> Other _____             |

NOTE: If you operate in more than one location, complete an annual summary for each location.

**SECTION B -- USED TIRE COLLECTION / DISPOSAL INFORMATION**

2.	During the reporting period, from whom did you accept used tires?	<b># TIRES</b>
	a. General public	_____
	b. Tire retail, repair shops, or other establishment (List name and location. Use one line for each location. Attach separate sheets if necessary)	_____
	_____	_____
	_____	_____
	<b>TOTAL</b>	_____

3. Where were your used tires taken to, once collected? Include transporter information also, if applicable. (Attach separate sheets if necessary)

a.	Business Name: _____	<b># TIRES</b>	_____
	Address/Contact: _____		
b.	Business Name: _____	<b># TIRES</b>	_____
	Address/Contact: _____		
c.	Still on-site: .....	<b># TIRES</b>	_____
d.	Other (explain): _____	<b># TIRES</b>	_____

If more sheets are attached for this Section, check here .

(over)

## SECTION C -- DECLARATION AND SIGNATURE

Important: Any person (including but not limited to employees, corporate directors, corporate officers, etc.) who is required to maintain records, and provide this summary and fails to do so shall be liable for penalties pursuant to Chapter 342I, Part II, Hawaii Revised Statutes, as amended.

I declare that I have read and examined the foregoing summary and that the facts stated in it are true.

Sign Here \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If the facility is a partnership or group other than a corporation or a public entity, the summary shall be made by one individual who is a member of the group. If the facility is a corporation or a public entity, the summary shall be made by an officer of the corporation, general manager of the business, or an authorized representative of the public entity.

Mail to: State of Hawaii  
Department of Health  
Office of Solid Waste Management  
919 Ala Moana Blvd. Rm. 212  
Honolulu, HI 96814

Phone: (808) 586-4226  
Fax: (808) 586-7509  
[www.hawaii.gov/health/environmental/](http://www.hawaii.gov/health/environmental/)

**THIS ANNUAL SUMMARY MUST BE SENT OR POSTMARKED ON OR BEFORE  
JULY 31, 2008**