

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**

MC-174 ♦ P.O. Box 13087 ♦ Austin, Texas 78711-3087 ♦ (512) 239-2515

**2008 SCRAP TIRE TRANSPORTER  
ANNUAL ACTIVITY REPORT**

Company Name: \_\_\_\_\_ Transporter No. \_\_\_\_\_

Business Tax ID#: 1- \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ or County: \_\_\_\_\_  
 Confirm with State Comptroller 2- \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ or  
 3- \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

Physical Location: \_\_\_\_\_  
 Address City State Zip Code

Mailing Address: \_\_\_\_\_  
 Address City State Zip Code

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**Fill in the blanks with information from manifests and other documentation regarding delivery of whole used or scrap tires (if additional lines are needed, this form may be reproduced):**

RECEIVING FACILITY/OPERATOR ADDRESS/PHONE NUMBER (WHERE I DELIVER SCRAP TIRES)	FACILITY REG. #	*FACILITY TYPE (one per blank) P - L - S - E	**TYPE TIRE (one per blank) P - T - O	QUANTITY DELIVERED

\*State registered or permitted  Processor  Landfill  Storage site  End User  
 \*\* Passenger  Truck  Other

**TOTAL TIRES  
DELIVERED**

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I certify that the information provided in this report is true and correct and that I have been authorized by the Texas Commission on Environmental Quality to transport whole used or scrap tires. I am aware that falsification of this report may result in suspension, revocation, or denial of renewal of my transporter registration.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_