



# K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

## WASTE TIRE TRANSPORTER PERMIT APPLICATION

**This form is to be used by persons engaged in transporting and/or collecting waste tires (persons who will store more than 1000 tires on the premise or process tires will need to complete a waste tire storage or processing site application in addition to this form).**

**A. APPLICANT INFORMATION:**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-Mail \_\_\_\_\_

**B. ACTIVITY:** Check all activities in which this company is engaged in Kansas.

- \_\_\_\_\_ Waste tire transporter
- \_\_\_\_\_ Waste tire collection center
- \_\_\_\_\_ Waste tire processing facility
- \_\_\_\_\_ Mobile waste tire processor



G. Do you intend to service accounts located in another state?

Yes  No If yes, list below:

State	Permit Number (if required in that state)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

H. What are the average collection fees you intend to charge?

	Rural	Urban
passenger/light truck	_____	_____
truck	_____	_____
tractor	_____	_____
other	_____	_____

I. List the name and permit number for all locations that you will transport waste tires to: (Please attach a separate piece of paper if more space is necessary.)

<u>Name</u>	<u>City</u>	<u>Permit #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. If the site where the tires are taken does not have a permit, please explain the circumstances.

\_\_\_\_\_  
\_\_\_\_\_

K. If this site is located in a state other than Kansas does the site have a tire processing storage or disposal permit from that state?

Yes  No If no explain: \_\_\_\_\_

\_\_\_\_\_

L. TRANSPORTER VEHICLE INFORMATION FOR \_\_\_\_\_:  
(Year)

	TRUCK TYPE/ TRAILER	CAPACITY # OF TIRES	LICENSE PLATE NUMBER	MODEL/YEAR	MAKE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

IF YOU OPERATE MORE THAN 10 VEHICLES UNDER ONE REGISTRATION, ADD ADDITIONAL PAGE(S), CONTAINING REQUESTED INFORMATION ON EACH VEHICLE.

Other attachments

- M. Permit fee made out to KDHE:  
Waste Tire Transporter \$100 (permit)
- N. Disclosure Statement
- O. Proof of financial assurance

I certify that all the information provided in this permit application is true and correct to the best of my knowledge. I will abide by the rules of the Kansas Department of Health and Environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Note: The signature must be notarized.**

## **Collector and Transporter Permit Checklist**

- \_\_\_ This completed permit form.
- \_\_\_ A \$100 non-refundable application fee.
- \_\_\_ A financial assurance instrument issued in favor of the department. Financial assurance will be based on the number of tires hauled per month in accordance with the following schedule:
  - a) 0 to 1000 tires           \$1,000.00
  - b) 1001 to 10,000 tires   \$5,000.00
  - c) 10,001 and above       \$10,000.00

This instrument shall remain in effect during the term of the permit with KDHE being notified, in writing, not less than 30 days prior to cancellation.

### INSTRUCTION FOR COMPLETING THE APPLICATION

Registration and application shall be on the form provided by the Department. Data submitted in support of an application shall consist of the following:

#### APPLICANT

- (A) Please give the legal name; street and mailing address; phone number and listing of responsible person of the individual, partnership, corporation, that is applying for the permit and who will be responsible for the waste tires collected.
- (B) Please check all the waste tire activities in which you will be involved.
- (C) Please provide a description of the type of transport service you will be offering.
- (D) Please provide your estimated number of tires collected and transported, on a daily, monthly, and annual basis.
- (E) Please describe your operation. Will you do any grading or sorting of tires?
- (F) Describe the area you wish to serve.
- (G) Please list accounts you expect to serve in another state.
- (H) Please describe the average collection fees you intend to charge.
- (I) Please list the name and permit number for all locations that you will transport waste tires to.
- (J) Explain the circumstances if the site where the tires are taken does not have a permit.
- (K) If this site is located in a state other than Kansas explain whether the site has a tire processing storage or disposal permit from that state?

- (L) Please provide the KCC, ICC and state license related information for the transporter vehicle information.
- (M) Don't forget to include your permit fee made out to KDHE.
- (N) A disclosure statement is required. Public entities should complete the "Public Entity Disclosure Statement" and private companies should complete the "Business Concerns Disclosure Statement Form II". K.S.A. 65-3407(c)
- (O) A financial assurance instrument issued in favor of the department, in amount acceptable to the department in compliance with K.A.R. 28-29-30(c)(6).

February 5, 2003