



WASTE TIRE TRANSPORTER PERMIT RENEWAL FORM

Company Name _____ Permit Number _____

Mailing Address _____ E-Mail _____

Contact Name (Print) _____ Telephone Number (____) ____ - _____

1. Enter the total number of passenger tire equivalents (PTEs) transported in the 12-month period ending ____/____/____: _____ PTEs/year (Note: 1 PTE = 20 lbs of tires) (K.A.R. 28-29-33(b)(1))
mm dd yy
2. Calculate the average number of PTEs per month: _____ PTEs/month
3. Determine the financial assurance amount required based on the average number of PTEs transported per month using the following chart (K.A.R. 28-29-32(c)(3) and K.A.R. 28-29-2101(k)(3)):

| <u>If average PTEs/month Transported is...</u> | <u>Then Provide Financial Assurance Amount of...</u> |
|--|--|
| 0-1000 | \$ 1,000.00 |
| 1001-10,000 | \$ 5,000.00 |
| more than 10,000 | \$10,000.00 |

4. Provide proof of financial assurance. (K.A.R. 28-29-32(c)(3))
5. Update the **Transporter Vehicle Information** list (see next page). (K.A.R. 28-29-32(c)(2))
6. Update the **Tire Disposal Facilities Used** list (see next page). (K.A.R. 28-29-33(b)(3))
7. Include a check or money order for the \$50.00 permit renewal fee. (K.A.R. 28-29-2011(b))

Submit these two completed pages, proof of financial assurance, and the renewal fee, to KDHE Bureau of Waste Management not less than 30 days prior to expiration of your current permit.

Print Name of Responsible Person

Signature of Responsible Person

Date

Company Name _____ Permit Number _____ Date _____

TRANSPORTER VEHICLE INFORMATION

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

IF YOU OPERATE MORE THAN 10 VEHICLES UNDER ONE REGISTRATION, ADD ADDITIONAL PAGE(S), FILLING IN THE REQUESTED INFORMATION FOR EACH VEHICLE.

Tire Disposal Facilities Used (in the Previous 12 Months)

| | Disposal Facility Name | Disposal Facility Permit Number | Disposal Facility Contact Name & Phone Number | # of Waste Tires Delivered |
|---|------------------------|------------------------------------|--|-------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

IF YOU DELIVERED TO MORE THAN 7 TIRE DISPOSAL FACILITIES IN THE PREVIOUS 12 MONTHS, ADD ADDITIONAL PAGE(S), FILLING IN THE REQUESTED FORMATION.