

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

**2007 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

**TOTAL TIRES
DELIVERED**

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**Passenger Truck Other

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: _____