

CA Uniform Waste and Used Tire Manifest

California Integrated Waste Management Board
PO Box 1259, Sacramento, CA 95812-1259

E X A M P L E 1 2 3



Manifest Number

State of California
CIWMB-647 (01/03)

INSTRUCTIONS ON BACK

PART I: TO BE COMPLETED BY TIRE HAULER (please print)

Pick Up

Import from _____
(If outside California State/Country)

Delivery

Export to _____
(If outside California State/Country)

Hauler (optional - Address Label)

Business Name

Address

City, State, Zip

Hauler's Business Phone
(include area code)

____ / ____ / ____ L ____ - _____

Load Date (MM/DD/YY)

Log Number

Hauler Exemption (if applicable)

Government Amnesty Day

Agriculture Common Carrier/
Back Haul

____ - _____

License Plate Number

State

Decal Number

Indicate (if applicable) In Transit

Confidentiality Claim: The information provided in Part I and Part II of this form should be considered confidential, proprietary, and/or trade secret. In accordance with Title 14, CCR, Section 17041 et. seq, should any member of the public request disclosure of this information, I request that CIWMB contact me at the address and telephone number above.

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to \$25,000 per day, per violation or administrative penalties up to \$5,000 per violation per day as described in Public Resources Code section 42962.

Driver's Name (print)

Driver's Signature

Date

PART II: TO BE COMPLETED BY REPRESENTATIVE OF TIRE DEALER OR WASTE TIRE GENERATOR OR END-USE FACILITY (please print) - USE ACTUAL LOCATION WHERE THE TIRES ARE PICKED-UP OR DROPPED OFF.

(optional - Address Label)

Business Name

Facility's Business Phone (include area code)

Number & Street Address

Address Same As Hauler

Change Of Address

City

State

Zip Code

____ - ____
Tire Program ID Site Suffix

Load Type (check only one)

Whole Tire Count Weight in Pounds

Volume Cubic Yards Weight in Tons

Load Amount

____ . ____

Optional Data

Tire Types and Amounts

Passenger

Oversize

____ . ____

Truck

Other

____ . ____

Intended Use

Retread/Reuse

Recycle

Fuel

Disposal/Landfill

Comment Area

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Representative Name (print)

Representative's Signature

Date

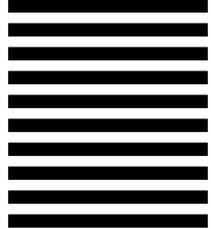
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Toll Free 1-866-896-0600 / www.ciwmb.ca.gov/Tires/
White: CIWMB Copy Pink: Tire Dealer/Generator/End-Use Facility Copy Yellow: Hauler Copy





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**CALIFORNIA INTEGRATED
WASTE MANAGEMENT BOARD
PO BOX 1259
SACRAMENTO CA 95812-9922**

