CA Uniform Waste and Used Tire Manifest

INTEGRATED WASTE MANAGEMENT BOARD

INSTRUCTIONS ON BACK

Manifest Number: M4-9947321

PART 1: 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 Business Name
Address
City, State, Zip

(optional - Address Label)

Hauler's Business Phone (include area code) ___ - ___ - ____

Load Date (mm/dd/yy) __ / __ / __

Log Number L __ - ____

Hauler Registrations
☐ Government ☐ AmnestyDay
☐ Agriculture ☐ Common Carrier/Back Haul

License Plate Number _____ **State** __ **Decal Number** __ - ____

Indicate (if applicable) ☐ In Transit

☐ **Confidentiality Claim:** The information provided in Part 1 and Part 2 of this form sholdl be considered confidental, proprietary, and/or a trade secret. In accordance with Title 14, 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 Records 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 vialoation per day as described in Public Records Code section 42962.

Driver's Name (print) _____ **Driver's Signature** _____ **Date** _____

PART 2: TO BE COMPLETED BY REPRESENTATIVE OF TIRE DEALER OR WASTE TIRE GENERATOR OR END-USE FACILITY (please print) - PLEASE USE THE PHYSICAL ADDRESS THE TIRES WERE PICKED-UP OR DROPPED OFF AT.

Business Name _____ **Tire Program ID** _____ **Site Suffix** ___ **Business Phone (include area code)** ___ - ___ - ____

Number & Street Address ☐ Same As Hauler ☐ Change Of Address

City _____ (optional - Address Label) **State** __ **Zip Code** _____ - ____

LoadType
☐ Whole Tire Count ☐ Weight in Pounds
☐ Volume Cubic Yards ☐ Weight in Tons

Load Amount ____ . __

Tire Types and Amounts (optional)
☐ Passenger ____ . __
☐ Truck ____ . __
☐ Oversize ____ . __
☐ Other ____ . __

Intended Use (optional)
☐ Retread/Reuse ☐ Fuel ☐ Recycle ☐ Disposal/Landfill

Comments

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Representative Name (print) _____ **Representative's Signature** _____ **Date** _____

Draft

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