CA Retreader Trip Log

EXAMPLE 123

Blue or Black Ink Pen

State of California
CIWMB-180 (New 03/04)

INSTRUCTIONS ON BACK **DO NOT TAPE, STAPLE OR DUPLICATE**

California Integrated Waste Management Board
PO Box 4025, Sacramento, CA 95812-1259

Retread Log Number

R9 - 1234567

Tire Program ID **Site Suffix** -

Phone Number (include area code) ( ) -

Retreader Business Name

Address

City, State, Zip

Decal Number -

License Plate Number

DOT R/

Load Date (MM/DD/YY) / /

Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
Tire Program ID - Site Suffix	Business Name / Address	Pickup Count	Delivery Count
Invoice Number			
	Totals:	,	,

I certify 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**

Toll Free 1-866-896-0600 / www.ciwmb.ca.gov/Tires/

White: CIWMB Copy Yellow: Retreader Copy

Draft