



Agency Interest No. _____

FINANCIAL SERVICES DIVISION
WASTE TIRE PROGRAM
POST OFFICE BOX 4303
BATON ROUGE, LOUISIANA 70821-4303

WASTE TIRE TRANSPORTER MODIFICATION FORM

Transporter No: R	Authorization Certificate No: T
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I. Applicant Information (PLEASE PRINT OR TYPE)

Name of Business/Organization:**				
Mailing Address:				
Address or P. O. Box	City	State	Zip Code	
Telephone Number:				
Authorization Certificate Number:				

II. Tax ID No.

Federal Tax ID No:	State Tax ID No:
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III. Fees **Each Vehicle: \$25 per year** (July 1-June30)

***Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address. Attach current proof of liability insurance for each vehicle that will be utilized for the transport of waste tires.**

**** Application must be in the name of the registered owner. If leasing must show proof of lease and insurance must be in lessee name.**

IV. Vehicle Deletions:

Make	Model	Year	License Plate No.	Registered Owner

V. Vehicle Additions:

Make	Model	Year	License Plate No.	Registered Owner **

VI. CERTIFICATION:

I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND HEREBY CERTIFY UNDER PENALTY OF LAW THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Authorized Signature _____ Date: _____

Print Name and Title: _____