



Agency Interest No. _____

Louisiana Department of Environmental Quality
Financial Services Division
Post Office Box 4303
Baton Rouge, Louisiana 70821-4303
Phone: (225) 219-3863

WASTE TIRE MOBILE PROCESSOR NOTIFICATION FORM

DEQ Facility No: _____
(To be assigned by Department)

I. Applicant Information (Print Legibly or Type)

Business/Property Owner/Contact:	Contact person:	
Business/Organization:	Physical Location/Street Address:	
Mailing Address:	City, State:	
City, State, Zip:	Zip:	Parish:
Parish	Business Phone No:	

II. Tax ID No.

Federal Tax ID No:	State Tax ID No:
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III. Fees Mobile Processor: \$600 per year (July 1-June 30)

***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 in the amount of \$1,000,000 by an insurer who is admitted, authorized, or eligible to conduct insurance business in Louisiana.**

All mobile processors are required to meet the applicable standards and responsibilities of LAC 33:VII, Chapter 105.

IV. Vehicle Information: On a separate page, list additional vehicles and information transporting waste tires.

Make	Model	Year	License Number	Registered Owner

V. CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, 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

Print Name and Title

Date