



Agency Interest No. _____

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

WASTE TIRE MOBILE PROCESSOR MODIFICATION FORM

Mobile Processor No:

Authorization Certificate No: RT-

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:

III. Vehicle Deletions:

Make

Model

Year

License Plate No.

Registered Owner

IV. Vehicle Additions:

Make

Model

Year

License Plate No.

Registered Owner

V. 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: _____