

2025 Scrap Tire Qualifying Business Annual Report

Company Name _____

Scrap Tire Number DE-ST-__ _ _ _ _

COMPANY CONTACT INFORMATION

Mailing Address:
Address 1
Address 2
City, State, Zip +4

Physical Location Address: [] Same as Mailing Address
Address 1
Address 2
City, State, Zip +4

Contact Name: _____ Title: _____

Business Phone: _____ Fax: _____

E-mail: _____

24-hour Emergency Contact Phone: _____

Transporter used to remove scrap tires:

Transporter permit number: DE-SW-__ _ _ _ _ [] Don't Know

Have there been any changes in your tire business in calendar year 2025? ☐ Yes ☐
No

If yes, please describe.

CERTIFICATION

I certify that I am familiar with the information submitted in this report, and that upon personal knowledge and information, the information is true, accurate, and complete.

Name / Title:_____

Signature /

Date:_____