

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: _____