



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

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| DEP Form # 62-701.900(18), F.A.C.                        |
| Form Title Waste Tire Collector Registration Application |
| Effective Date: January 6, 2010                          |
| DEP Application No. _____<br>(Completed by DEP)          |

## WASTE TIRE COLLECTOR REGISTRATION APPLICATION

Pursuant to Rule 62-711.520, Florida Administrative Code, to obtain a waste tire collector registration number and approval to transport waste tires, a collector shall submit the following information on this form to the Department.

Type of Collector:    For Hire Collector    Not For Hire    Registered with ICC    Government Entity

### Part I- Business Information:

- Business name of collector: \_\_\_\_\_ WACS ID Number: \_\_\_\_\_  
*(assigned by Department)*
- Other business names of collector (DBA's): \_\_\_\_\_
- Mailing address of collector: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Street address of collector: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Telephone number of collector: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_
- Federal Employer Identification number (FEID) of Collector: \_\_\_\_\_
- Have any enforcement actions been taken by the Department or other governmental agency against the applicant for violation of Department rules relating to the collection or disposal of waste tires? This includes any Complaint, Notice of Violation, revocation or suspension of a registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.  
 Yes    No   If yes, attach a history and description of the enforcement actions.

### Part II- Person in charge of Waste Tire Collection Operations:

- Name of Person in charge of Waste Tire Collection Operations: \_\_\_\_\_
- Date of Birth of Person in charge of Waste Tire Collection Operations: \_\_\_\_\_

### Corporations also complete Part III.

- Corporation Name: \_\_\_\_\_
- Corporation Filing Date: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_
- Corporation Officers: \_\_\_\_\_
- Florida Resident Agent of Corporation: \_\_\_\_\_

**Part IV- Collection and Disposal Information:**

1. List all known locations where you will be **collecting** waste tires (attach additional sheets if necessary)

| Name  | Address | City  | State |
|-------|---------|-------|-------|
| _____ | _____   | _____ | _____ |
| _____ | _____   | _____ | _____ |
| _____ | _____   | _____ | _____ |

2. List all known locations where you will be **delivering** or **depositing** waste tires for recycling or disposal (attach additional sheets if necessary):

| Name  | Address | City  | State |
|-------|---------|-------|-------|
| _____ | _____   | _____ | _____ |
| _____ | _____   | _____ | _____ |
| _____ | _____   | _____ | _____ |

**Part V.- Vehicles to be Registered:**

- Number of vehicles to be used: \_\_\_\_\_
- Vehicles registration information:
  - A **legible copy** of the current vehicle registration is required for **each** vehicle registered. The registration must show **State** of registration, **year**, **make**, **tag number**, **vehicle identification number**, and **registered owner**.
  - IF** the vehicle is not owned by the collector, an **authorization** from the vehicle owner for the vehicle to be registered for waste tire collection **must** be attached to this application.
  - IF Common Carrier**, list **Interstate Commerce Commission (ICC)** authority number for the company: \_\_\_\_\_

**Part VI. Registration Fee Information**

- Waste tire collector registration status:  New  Renewal  
 If registration is a renewal, list previous registration number(s) \_\_\_\_\_
- Attach payment for registration fees pursuant to Rule 62-711.520(11), F.A.C.  
 Number of vehicles # \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_ = Amount of Payment

**Part VII. Certification**

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required.

\_\_\_\_\_  
Print Name of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

**Mail completed form to:**

Florida Department of Environmental Protection  
Division of Waste Management / Tires  
2600 Blair Stone Road, MS 4550  
Tallahassee, Florida 32399-2400