

INTERAGENCY
SPECIAL INVESTIGATIONS



WASTE TIRE DEALER/GENERATOR REPORT

FOR THE MONTH OF _____ 20

1. DEALER _____
ADDRESS _____
PHONE _____ FAX _____

2. **TOTAL NUMBER OF WASTE TIRES GENERATED:** (If no tires were generated this month, enter a "0" or "none")

a. Automobile # _____ b. Truck # _____ c. All Other # _____

3. **NUMBER OF WASTE TIRES PICKED UP BY LICENSED WASTE TIRE TRANSPORTERS**

(If no tires were picked up this month, enter a "0" or "none". List the name of company transporting and the dates of pickup)

LICENSED TRANSPORTER	DATE PICKED UP	CITY LICENSE NUMBER	# AUTO TIRES	# TRUCK TIRES	# OTHER TIRES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. **NAME OF PEST CONTROL COMPANY** _____ **DATE OF SERVICE** _____

(If tires were stored in-side facility or container please insert N/A- All Tires Stored Inside)

I hereby certify that the tire count shown above is true and correct.

PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____

NOTE: This report is **DUE NO LATER THAN THE 20th of EVERY MONTH** for the **PREVIOUS** calendar month. **ALL ITEMS MUST BE COMPLETED.** An incomplete report will be treated as **NO REPORT SUBMITTED FOR THE MONTH.**

FAX TO: (904) 381-1112 OR Mail to:

Waste Tire Enforcement Officer
Interagency Special Investigations
1031 Superior St
Jacksonville, Florida 32254

For questions regarding this form,
call: (904)255-7519

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