



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

WASTE TIRE TRANSPORTER AUTHORIZATION APPLICATION INSTRUCTIONS

GENERAL INFORMATION

To Obtain DEP Application Packages. To expedite the processing of the applicant's request, the Department of Environmental Protection (DEP) asks that you use the most up-to-date application package available. The most recent version of this package can be obtained by contacting the appropriate DEP office, or through our website noted below. This package is available in Microsoft Word format at this same web location. Applicants can download the appropriate form to a personal computer, complete the form electronically, and print the document for submittal to the Department. Additional information that may be used by various individual applications (e.g., definitions, codes, DEP contacts, etc.) is available under Department-wide General Information at this website location.

www.dep.state.pa.us, keyword: Permits.

Applicant Requirements. In order to transport waste tires in the Commonwealth, you must complete and submit the enclosed application form. Instructions for completing the application form as required by Act 190 of 1996, as amended by Act 111, are included. Copies of the Acts are available upon request. Only transporters who pick up and/or deliver waste tires within the Commonwealth are required to be authorized by DEP.

This authorization is only for the transportation of waste tires and does not authorize you to store or process waste tires. For additional information concerning the waste tire authorization or permitting requirements for tire processing or storage, contact DEP at 717-787-7381 or toll free 1-800-346-1932.

Processing of the completed authorization form will take 60 days or less. After reviewing the completed application, DEP will issue an Authorization ID#. Waste tire transporters must provide the issued Authorization ID# upon request.

General Instructions. This package is designed to assist the applicant in completing the application form. Please type or print clearly when completing the form. If information needed is more than space allows, attach additional sheets as necessary. If a question is not applicable to you or your application, write NA in the appropriate box.

CLIENT INFORMATION

DEP Client ID#. Department-wide unique identification number assigned by DEP to the client after client information is entered into DEP's computer system. This one number identifies the client regardless of the program with which the client is working. This identification number will be identified on future correspondence from DEP as well as on client information available on our DEP website. When replying to DEP, inclusion of this number will make it easier to process your request in a timely manner. If you know your Client ID#, enter it. If you are a new client to DEP, skip to the next request for information.

Client Type Code. Enter the code that represents the type of client acting as the responsible authority for the permitted activity. The list of Client Type Codes can be found under Code Types included at the end of this instruction document or on the website noted above under Department-wide General Information.

Organization Name or Registered Fictitious Name. Clients other than individuals must provide the name under which they conduct the activity or business in which the permit or other authorization will be issued. The client name must be the owner of the vehicle(s) identified in this application.

Individuals should complete the "Organization Name" if they conduct their business or activity under a name other than their own (for example, "Jones Construction Company", rather than "Mary Jones").

For partnerships, be sure to list the business name of the partnership as it appears on legal partnership papers.

If the applicant is an individual(s) or partnership, be sure to also provide the appropriate information on the individual name lines.

Employer ID#. Also referred to as "Federal Tax ID#". The EIN aids DEP in identifying the organization and prevents duplicate data entry from occurring. This information is required for all applicants. First time applicants are required to provide a copy of their IRS form SS-4 or W9.

Dun & Bradstreet ID#. If known, supply the applicant's Dun & Bradstreet Identification Number. This information is optional.

Individual Last Name, First Name, MI, Suffix, Social Security Number. This information, with the exception of the SSN, must be provided for applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry. The SSN is optional and is not accessible by the public or other government agencies.

Additional Individual Last Name, First Name, MI, Suffix, Social Security Number. This information, with the exception of the SSN, must be provided for additional applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry. The SSN is optional and is not accessible by the public or other government agencies.

Mailing Address. The mailing address of the client identified above (this should *not* include locational data that is not appropriate for a mail piece). In addition to the street number and name, PO Box#, RR# Box#, or Highway Contract# designations, use any appropriate designation and number to further define the mailing address of the applicant.

e.g.,	APT	(Apartment)	DEPT	(Department)	RM	(Room)
	BLDG	(Building)	FL	(Floor)	STE	(Suite)

City, State, ZIP+4, Country. Enter an appropriate city, borough, or town designation (do not enter a township designation in this area). Do *not* use abbreviations for the city name. Use the two-character abbreviation for the state. Include the four-digit extension to the ZIP code. If other than USA, provide country.

Client Contact Information. Clients that are organizations must provide the name of a person representing the client (organization). This client contact must be an employee or an agent of the organization and may be located at the mailing address of the client and may receive correspondence on behalf of the client. Include the individual's name, title, daytime phone number, and email address. The Department will use this contact information for maintaining client data. This individual should be a high-level employee such as CEO, VPs, Operations Manager, etc. or someone capable of answering informational questions regarding the organization such as EIN, fictitious name ownership, address data, related organizations, corporate changes, etc.

Subsidiary/Parent Company. If the company identified is a subsidiary or division, identify the name of the parent company.

GENERAL INFORMATION

Make Check for \$50 Payable To: Commonwealth of Pennsylvania

Number of Certificates. Provide the number of certificates. Each vehicle needs its own certificate. Photocopies are not valid.

Number of Waste Tires. Renewing transporter's will include a copy of their annual report covering the previous year. First time applicants provide an estimate.

Company Accepting Waste Tires. Provide the names of the company(ies) where waste tires are disposed of or transported to. The application form allows for the identification of three companies. If you work with more than three companies, label and attach additional sheets to provide the same information for all companies you work with. Only facilities permitted to process or dispose of waste tires may be used. If facility is located outside the Commonwealth, it is transporter's responsibility to comply with local regulations.

CERTIFICATION

The application must be signed by the owner of the company. Type or print the name of the owner and their title.

MAIL / SUBMITTAL INFORMATION

For regular USPS mail, use the PO Box address noted below. For Courier service, use the street address noted below. Send the completed application and applicable fees to:

USPS Mail PA Department of Environmental Protection
Bureau of Waste Management
Division of Municipal and Residual Waste
Rachel Carson State Office Building
PO Box 69170
Harrisburg PA 17106-9170

Courier Service PA Department of Environmental Protection
Bureau of Waste Management
Division of Municipal and Residual Waste
Rachel Carson State Office Building
400 Market St Fl 14
Harrisburg PA 17101

TYPE CODES

CLIENT INFORMATION. Client Type Codes

Government		Non-Government		Individual	
AUTH	Authority	ASSOR	Association/Organization	INDIV	Individual
CNTY	County	LLC	Ltd Liability Company		
FED	Federal Agency	LLP	Ltd Liability Partnership		
MUNI	Municipality	NPACO	Non-Pennsylvania Corporation		
NONPG	Non-PA Govt	OTHER	Other (Non-Govt)		
OTHG	Other (Govt)	PACOR	Pennsylvania Corporation		
SCHDI	School District	PARTG	Partnership-General		
STATE	State Agency	PARTL	Partnership-Limited		
		SOLEP	Sole Proprietorship		

Note: If two individuals' names are listed as the application's clients, the Client Type Code of "Partnership/General" should be used.



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**WASTE TIRE TRANSPORTER
AUTHORIZATION APPLICATION**

Before completing this application form, read the step-by-step instructions provided in this application package.

DEP USE ONLY

Date Received & General Notes

Auth ID#:

APPLICATION INFORMATION

Check the type of authorization you are applying for.

☐ New

☐ Renewal

Authorization ID #

CLIENT INFORMATION

DEP Client ID#

Client Type Code

Organization Name or Registered Fictitious Name

Employer ID# (EIN)

Dun & Bradstreet ID#

Individual Last Name

First Name

MI

Suffix

SSN

Additional Individual Last Name

First Name

MI

Suffix

SSN

Mailing Address Line 1

Mailing Address Line 2

Address Last Line – City

State

Zip+4

Country

Client Contact Last Name

First Name

MI

Suffix

Client Contact Title

Phone

Ext

Email Address

FAX

If a Subsidiary or Division, Name of Parent Company

GENERAL INFORMATION

☐ Attached is the appropriate application fee of \$50. Please make check payable to: "Commonwealth of PA"

Number of trucks or certificates.

Number of waste tires transported yearly. (See instructions.)

Company name(s) where waste tires are disposed of or transported to. (If working with more than 3 companies, label and attach additional sheets.)

Company Name

Mailing Address Line 1

Mailing Address Line 2

Address Last Line – City, State, ZIP+4

Company Name

Mailing Address Line 1

Mailing Address Line 2

Address Last Line – City, State, ZIP+4

Company Name

Mailing Address Line 1

Mailing Address Line 2

Address Last Line – City, State, ZIP+4

CERTIFICATION

This is to certify that the information contained in this application is true, correct, and complete to the best of my knowledge.

Name of Owner

Title

Signature of Owner

Date Signed