

STATE OF HAWAII - DEPARTMENT OF HEALTH MOTOR VEHICLE TIRE RECOVERY SUMMARY

July 1, 2013-June 30, 2014

SECTION A -- BUSINESS LOCATION INFORMATION

<u>Business Name:</u> agency, business, trade, and d/b/a name	<u>Business Phone:</u>
<u>Contact Person:</u> if different from representative authorized to sign below	<u>Contact Phone/Email:</u>
<u>Business Location, City/State/ZIP:</u> Complete physical address of business or real property. Listing a post office box or rural route number as your business location is not permitted.	

1. Please check the activity/activities engaged by your business:
- | | | |
|---|--|--|
| <input type="checkbox"/> Sale of new tires | <input type="checkbox"/> Sale of used/recapped tires | <input type="checkbox"/> Auto salvage/scrap yard |
| <input type="checkbox"/> Tire distribution center | <input type="checkbox"/> Used tire processor | <input type="checkbox"/> Refuse hauler |
| <input type="checkbox"/> Motor vehicle repair | <input type="checkbox"/> Tire transporter | <input type="checkbox"/> Other _____ |

NOTE: If you operate in more than one location, complete an annual summary for each location.

SECTION B -- USED TIRE COLLECTION / DISPOSAL INFORMATION

2.	During the reporting period, who did you accept used tires from?	# TIRES
	a. General public	_____
	b. Tire retail, repair shops, or other establishment (List name and location. Use one line for each location. Attach a separate sheet if necessary)	_____
	_____	_____
	_____	_____
	TOTAL	_____

3. Where were your used tires taken to, once collected? Include transporter information also, if applicable. (Attach separate sheet if necessary)
- | | | | |
|----|------------------------|----------------|-------|
| a. | Business Name: _____ | # TIRES | _____ |
| | Address/Contact: _____ | | |
| b. | Business Name: _____ | # TIRES | _____ |
| | Address/Contact: _____ | | |
| c. | Still on-site: | # TIRES | _____ |
| d. | Other (explain): _____ | # TIRES | _____ |

If more sheets are attached for this Section, check here .

(over)

SECTION C -- DECLARATION AND SIGNATURE

Important: Any person (including but not limited to employees, corporate directors, corporate officers, etc.) who is required to maintain records, and provide this summary and fails to do so shall be liable for penalties pursuant to Chapter 342I, Part II, Hawaii Revised Statutes, as amended.

I declare that I have read and examined the foregoing summary and that the facts stated in it are true.

Sign Here _____ Title _____

Print Name _____ Date _____

NOTE: If the facility is a partnership or group other than a corporation or a public entity, the summary shall be made by one individual who is a member of the group. If the facility is a corporation or a public entity, the summary shall be made by an officer of the corporation, general manager of the business, or an authorized representative of the public entity.

Mail to: State of Hawaii
Department of Health
Office of Solid Waste Management
919 Ala Moana Blvd. Rm. 212
Honolulu, HI 96814
<http://health.hawaii.gov/shwb/solid-waste/>

Phone: (808) 586-4226
Fax: (808) 586-7509

**THIS ANNUAL SUMMARY MUST BE SENT OR POSTMARKED ON OR BEFORE
JULY 31, 2014**