WASTE TIRE MANIFEST

State Form 47273 (R2/10-06)

Indiana Department of Environmental Management

INSTRUCTIONS:

1. *Use of this form is required by 329 IAC 15-4-13 and IC 13-20-14-5.*
2. *The Waste Tire Transporter must complete this form for each shipment of waste tires.*
3. *Fill in all information. Generator, transporter, and receiving facility information may be pre-printed.*
4. *Give a copy of this form to the generator (source) of the waste tires.*
5. *Give a second copy of this form to the receiver of the waste tires as listed in IC 13-20-14-4.*
6. *Keep a copy of this form for your records for at least one (1) year.*
7. *For help with this form contact IDEM's Office of Land Quality, Solid Waste Permits Section, at (317) 232-0066.*

GENERATOR (SOURCE OF WASTE TIRES)

Name			Telephone (including area code)	
Address			Generator's Authorized Agent	Print Name
City	State	Zip Code		Signature

DESCRIPTION OF SHIPMENT

Pickup Date	**Time**	**Tire Types and Amounts**
Pickup Location		☐ Passenger tires ☐ Truck tires
Load Type (check one)	☐ Whole Tire Count ☐ Weight in Pounds	☐ Oversize tires ☐ Other tires
	☐ Volume Cubic Yards ☐ Weight in Tons	

TRANSPORTER

Name			Telephone (including area code)	
Address			Permit/Registration No.	State
City	State	Zip Code		

I CERTIFY, UNDER PENALTY OF PERJURY AS PROVIDED IN IC 35-44-2-1, THAT THE MATERIAL DESCRIBED ABOVE WAS PICKED UP AT THE SITE DESCRIBED ABOVE AND, TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS TRUE AND ACCURATE.

Driver's Name _____ Signature _____

DESTINATION

Name			Telephone (including area code)	
Address			Permit/Registration No.	State
City	State	Zip Code		

I CERTIFY, UNDER PENALTY OF PERJURY AS PROVIDED IN IC 35-44-2-1, THAT THE MATERIAL DESCRIBED ABOVE HAS BEEN ACCEPTED AND, TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS TRUE AND ACCURATE, AND THAT I AM AN AUTHORIZED AGENT OF THE REGISTRANT.

Name of Authorized Agent _____ Signature _____ Receipt Date _____