



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

WASTE TIRE PERMIT RENEWAL APPLICATION FOR WASTE TIRE TRANSPORTER

Facility Name _____ Permit Number _____

Mailing Address _____

Print Contact Name _____

Telephone Number (____) ____ - ____ Fax Number (____) ____ - ____ E-Mail _____

1. The total number of passenger tire equivalents (PTEs) transported for the twelve month period ending:
____/____/____ = _____
2. List disposal facilities, permit number, and number of PTEs disposed at each disposal facility on the attached form. (K.A.R. 28-29-33(b)(3))
3. Submit proof of financial assurance based on the average number of PTEs transported per month using the following chart (K.A.R. 28-29-32(c)(3) and KA.R. 28-29-2101(k)):

PTEs Transported	Financial Assurance Amount
0-1000	\$ 1,000.00
1001-10,000	\$ 5,000.00
more than 10,000	\$10,000.00

4. Updated equipment list on the attached form.
4. \$50.00 renewal fee.

This report along with the requested information must be submitted to this department not less than 30 days prior to expiration of your current permit.

Print Name of Responsible Person

Signature of Responsible Person

Date _____

Form #wt221

Company Name _____ Permit Number _____

TRANSPORTER VEHICLE INFORMATION

	TRUCK TYPE/ TRAILER	CAPACITY # OF TIRES	LICENSE PLATE NUMBER	MODEL/YEAR	MAKE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

IF YOU OPERATE MORE THAN 10 VEHICLES UNDER ONE REGISTRATION, ADD ADDITIONAL PAGE(S), CONTAINING REQUESTED INFORMATION ON EACH VEHICLE.

Disposal Facilities Used In Previous 12 Months

Disposal Facility Name	Disposal Facility Permit Number	Contact Name Phone Number	Number of Waste Tires Delivered