



WASTE TIRE TRANSPORTER PERMIT CANCELLATION REQUEST

This is a request to cancel Waste Tire Transporter Permit No. _____

Name of Company:	Person Responsible:
Company Address:	Company Mailing Address:
Company City, State, Zip Code:	Mailing City, State, Zip Code:
Office Phone No.:	Cell phone No.:
Web Address:	Company Email:

Check reason(s) for cancelling the permit:

<input type="checkbox"/> Company is not transporting tires anymore <input type="checkbox"/> Financial assurance could not be secured	<input type="checkbox"/> Company is closing down <input type="checkbox"/> Other reason (please explain): _____ _____
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I/we certify that the above information is a true and accurate representation of the facts. Further, I/we agree to hold the Kansas Department of Health & Environment Bureau of Waste Management, its agent and authorized personnel, harmless, and relieve them from any responsibility for damages or expenses, including, but not limited to attorneys' fees resulting from the cancellation of this permit or the issuance of a new permit. It is the undersigned's responsibility to notify all interested parties of this permit cancellation.

Name of Responsible Person (please print)	Signature of Responsible Person (SIGNATURE MUST BE NOTARIZED)	Date
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STATE OF _____, COUNTY OF _____

Signed or sworn to me this _____ day of _____, 20____, by _____,

who is personally known or produced _____ as identification.

Expiration Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed Name of Notary Public: _____