Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
Hazardous Materials and Waste Management Division
Solid Waste and Materials Management Program

New Tire Fee Return Form

Please type or write legibly.

(New) CDPHE Account Number	Period (mm/yy)	The fees collected each month are due to the department no later than the 20th day of the following month.	
Business Name		Contact Person	
Mailing Address		Telephone	
City		State	Zip
Number of Stores Included in this Return		Check here if this is an Amended Return ☐	
Check here if you no longer sell tires ☐		Check here if No Tires Sold this period ☐	
Line 1 Number of New Tires Sold			
Line 2 Amount Owed (Line 1 x $1.50)			$ 0.00

I certify that:

1. I have personally examined and am familiar with the information contained in this submittal;
2. The information contained in this submittal is, to the best of my knowledge, true, accurate and complete in all respects; and
3. I am fully authorized to make this certification on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate or incomplete information.

Facility Representative Name (Print)	Date (mm/dd/yy)
Signature	Title
Email Address	

Keep a Copy for Your Records

Make Check Payable to: "Colorado Department of Public Health and Environment" *or* "CDPHE"
Check Number: _____
Include your CDPHE Account Number on your check to ensure proper credit.

Mail Check and This Form to:
Colorado Department of Public Health and Environment
Attention: Tire Fee Return
PO Box 460579
Denver, CO 80246

For Department Use Only	**SW**
Date return processed:	Comments:
Processed by:	