

Uniform Waste Tire Manifest (Form WT-2)



Colorado Department
of Public Health
and Environment

NOTE: Pursuant to §30-20-1401, et seq, of the Colorado Revised Statutes (C.R.S.), and Section 10 of the Colorado Solid Waste regulations (6 CCR 1007-2, Part 1), all waste tire haulers and waste tire facilities are required to use copies of this manifest when transporting waste tires within Colorado. Copies of all manifests must be kept by Waste Tire Haulers and Waste Tire Facilities for 3 years.

WASTE TIRE HAULER					
Date: Mo	Day	Yr	Hauler Registration Number:	Manifest Number:	
Business Name:				Vehicle Decal Number:	
Street Address:			City:	State:	Zip Code:
Business Phone Number:			E-mail Address:	Driver:	
(If applicable) Contract/Common Carrier Name & CDPHE Vehicle Decal #:					

WASTE TIRE GENERATOR INFORMATION	
Pickup Business or Generator Name:	
Street Address/City/State/Zip Code:	Generator Registration/Decal Number:
	Business Phone Number:
Check box if this is an illegal tire pile/dump or private party (use fields above to enter landowner information and property location/description): <input type="checkbox"/>	
<u>Amount of Waste Tires Picked Up (REQUIRED):</u>	<u>Tire Diameters - # of tires OR weight of tires in tons (OPTIONAL):</u>
# of tires: _____	Passenger/
OR	Light Truck: _____ Medium Duty: _____
Tons of tires: _____	Heavy Duty: _____ Other: _____
NOTE: The amount accounted for in Tire Diameters should equal the amount in Amount of Waste Tires Picked Up	
Hauler Signature:	Generator Signature:

NOTE: A separate manifest must be completed for each pick-up of waste tires at each Waste Tire Generator.

ADJUSTMENT TABLE (IF APPLICABLE)
of Tires OR Tons of Tires Removed from This Load for Re-use or Salvage: _____
TOTAL AMOUNT OF WASTE TIRES REMAINING: # of tires: _____ OR Tons of tires: _____

TOTAL AMOUNT OF TIRES IMPORTED FROM OUT OF STATE (IF APPLICABLE)
of Tires OR Tons of Tires in This Load from Out of State: # of tires: _____ OR Tons of tires: _____

WASTE TIRE DESTINATION FACILITY	
Destination Business Name:	Amount of Waste Tires Delivered
Street Address/City/State/Zip Code:	# of tires: _____
Facility Registration/Decal Number:	OR
Business Phone Number:	Tons of tires: _____
Check type(s) of facility: Processor/End-User <input type="checkbox"/>	Did waste tires originate from an unregistered waste tire hauler? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal <input type="checkbox"/> Collection <input type="checkbox"/> Waste Tire Generator <input type="checkbox"/>	If Yes, unregistered waste tire hauler license plate # _____ State: _____
Hauler Signature:	Destination Facility Signature:

NOTE: A separate manifest must be completed for each drop-off of wastes tires at each Waste Tire Destination Facility.