



FORM WT-1 – APPLICATION FOR WASTE TIRE PERMIT

IT IS STRONGLY RECOMMENDED THAT YOU USE THE INSTRUCTIONS PROVIDED WITH THIS FORM AS A GUIDE. INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY THE ISSUANCE OF A PERMIT.

WARNING: Intentional, reckless, false or misleading statements or signatures on this application and any supporting documents may lead to suspension or revocation of authority and possible State or Federal civil or criminal prosecutions resulting in fines, forfeiture or jail sentence.

SECTION 1. GENERAL INFORMATION

USDOT NO.	FEIN NO.	SOCIAL SECURITY NO. (If sole owner)	DAYTIME PHONE NO.
NAME OF CARRIER (exactly as it appears on your insurance form, and what is registered with USDOT and Missouri Secretary of State, if applicable)			
TRADE OR DBA (DOING BUSINESS AS) NAME			
PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box) STREET		CITY	STATE ZIP CODE
MAILING ADDRESS (If different from Principal address) STREET		CITY	STATE ZIP CODE
MISSOURI TERMINAL ADDRESS (If any) STREET		CITY	STATE ZIP CODE
FAX NO.	EMAIL ADDRESS		

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT? U.S. Mail Fax Email

SECTION 2. REGISTERED AGENT

If the state of your principal place of business (as shown above) is NOT Missouri, you must provide a person's name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Name and Address: _____

SECTION 3. FORM OF BUSINESS

A. APPLICANT IS A Sole Proprietorship Partnership Limited Partnership (LP) Limited Liability Limited Partnership (LLP)
 Corporation – Date Incorporated _____ Limited Liability Company (LLC) – Date Incorporated _____ Trust

B. IF YOUR COMPANY IS ORGANIZED OUTSIDE OF MISSOURI, WHAT IS THE STATE OF ORIGIN? _____

If you are not required to register with the Missouri Secretary of State you must provide a certificate of good standing from the state in which your business is registered, or a copy of the partnership agreement if your form of business is a Partnership (NEW PERMIT ONLY).

C. NAME OF COMPANY OFFICERS OR PARTNERS (Please Print)

	<input type="checkbox"/> President	<input type="checkbox"/> Organizing Member
	<input type="checkbox"/> Vice President	<input type="checkbox"/> Organizing Member
	<input type="checkbox"/> Secretary	<input type="checkbox"/> Organizing Member
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Organizing Member

SECTION 4. AREA TO BE SERVED

- INTERSTATE** – travel through Missouri when transporting waste tires, but make **NO** stops within the state to pick up or drop off materials.
 INTRASTATE – you do business within the state of Missouri as part of transporting waste tires.

STATES: (check all states, including Missouri, that you serve)

- | | | | | | | |
|---|--|---|---|--|--|---|
| <input type="checkbox"/> AL – Alabama | <input type="checkbox"/> DE – Delaware | <input type="checkbox"/> KS – Kansas | <input type="checkbox"/> MN – Minnesota | <input type="checkbox"/> NJ – New Jersey | <input type="checkbox"/> OR – Oregon | <input type="checkbox"/> UT – Utah |
| <input type="checkbox"/> AK – Alaska | <input type="checkbox"/> FL – Florida | <input type="checkbox"/> KY – Kentucky | <input type="checkbox"/> MS – Mississippi | <input type="checkbox"/> NM – New Mexico | <input type="checkbox"/> PA – Pennsylvania | <input type="checkbox"/> VT – Vermont |
| <input type="checkbox"/> AZ – Arizona | <input type="checkbox"/> GA – Georgia | <input type="checkbox"/> LA – Louisiana | <input type="checkbox"/> MO – Missouri | <input type="checkbox"/> NY – New York | <input type="checkbox"/> RI – Rhode Island | <input type="checkbox"/> VA – Virginia |
| <input type="checkbox"/> AR – Arkansas | <input type="checkbox"/> ID – Idaho | <input type="checkbox"/> ME – Maine | <input type="checkbox"/> MT – Montana | <input type="checkbox"/> NC – North Carolina | <input type="checkbox"/> SC – South Carolina | <input type="checkbox"/> WA – Washington |
| <input type="checkbox"/> CA – California | <input type="checkbox"/> IL – Illinois | <input type="checkbox"/> MD – Maryland | <input type="checkbox"/> NE – Nebraska | <input type="checkbox"/> ND – North Dakota | <input type="checkbox"/> SD – South Dakota | <input type="checkbox"/> WV – West Virginia |
| <input type="checkbox"/> CO – Colorado | <input type="checkbox"/> IN – Indiana | <input type="checkbox"/> MA – Massachusetts | <input type="checkbox"/> NV – Nevada | <input type="checkbox"/> OH – Ohio | <input type="checkbox"/> TN – Tennessee | <input type="checkbox"/> WI – Wisconsin |
| <input type="checkbox"/> CT – Connecticut | <input type="checkbox"/> IA – Iowa | <input type="checkbox"/> MI – Michigan | <input type="checkbox"/> NH – New Hampshire | <input type="checkbox"/> OK – Oklahoma | <input type="checkbox"/> TX – Texas | <input type="checkbox"/> WY – Wyoming |

SECTION 5. WASTE TIRE MOVEMENTS

A. LIST THE APPROXIMATE NUMBER OR WEIGHT OF WASTE TIRES TRANSPORTED PER MONTH: _____

B. HAVE YOU EVER BEEN IN VIOLATION OF SECTIONS 260.270 THROUGH 260.278 RSMO? YES NO
 (Answering YES will not result in automatic denial. If you answer NO and it is determined that you have been in violation, your application WILL be denied.)

IF YES, LIST DETAIL OF THE NOTICE OF VIOLATION NUMBER, COUNTY, CASE NUMBER, DATE, CHARGE(S) AND DISPOSITION OF CASE:

C. LIST DRIVER'S LICENSE INFORMATION OF HAULERS EMPLOYED BY APPLICANT

Driver Name	License Number	License State

D. LIST ALL RECEIVING FACILITIES (IES)

Name	Address	Phone Number

SECTION 6. REGULATORY LICENSE FEES

APPLICANT'S PAYMENT OF THE REQUIRED **NONREFUNDABLE PERMIT FEE OF \$100** IS ENCLOSED WITH THIS APPLICATION.

SECTION 7. SAFETY FITNESS

➤ Commercial motor vehicle safety regulations apply to motor carriers operating in the transportation of waste tires. For more information about safety regulations that apply to your operation visit the Safety and Compliance section of our website at www.modot.org/mcs.

SECTION 8. CONSENT TO INVESTIGATE & SIGNATURE

➤ Applicant, by signature on and/or delivery of this application to the Missouri Department of Transportation (MoDOT), consents on behalf of itself and its affiliates (including persons and entities under its control or related to applicant, and all of their agents, employees, drivers, lessors and lessees of vehicles or drivers, and insurance providers) to be investigated by MoDOT or Missouri Department of Natural Resources (DNR) (including MoDOT or DNR employees, agents, and cooperating law enforcement or regulatory agencies), in relation to the applicant's safety fitness and insurance coverage with respect to motor vehicles and drivers. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal, and local laws whether located on or off the premises of applicant and whether in the possession of applicant or any third party. MoDOT or DNR may copy or take possession of any document or item of evidence that may be found during such search or inspection. Termination of this consent by applicant prior to issuance of a permit to operate shall be grounds for immediate dismissal or denial of the application.

➤ I declare, under the penalty of perjury, under the laws of the state of Missouri and the United States of America that the foregoing information in this application is true and correct, that I am authorized to sign this application on behalf of the applicant and that the signature below is my own true and correct signature made by me and no other person.

APPLICANT(S) NAME PRINTED	APPLICANT(S) SIGNATURE	TITLE	DATE
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SECTION 9. AUTHORIZED 24-HOUR CONTACT PERSON

NAME	MO BAR NO (if applicable)	BUSINESS PHONE
STREET ADDRESS		FAX NUMBER
CITY	STATE	ZIP CODE
		24-HR PHONE NUMBER

