

## Application For Agricultural/Common Carrier Exemption Letter

Pursuant to Sections 42954 (a)(5) and 42954(a)(6) of the Public Resources Code, and Section 18453 of Title 14, California Code of Regulations, the applicant shall submit the following information on this form in order to obtain a Waste Tire Hauler Registration Exemption for Agricultural or Common Carrier approval to transport used or waste tires.

**APPLICANT: COMPLETE (TYPE OR PRINT IN INK) ITEMS 1 THROUGH 7. IF A SPECIFIC ITEM DOES NOT APPLY TO YOUR COMPANY, ENTER "N/A", FOR NOT APPLICABLE. INCOMPLETE OR PHOTOCOPIED FORMS MAY BE REJECTED & RETURNED.**

1. Business Name(s)\*: \_\_\_\_\_
2. Name of Business Owner \_\_\_\_\_  
Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ \*\*
3. Name of Business Operator or Manager (If different than No. 2): \_\_\_\_\_  
Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
4. Other business names that you are using for tire-related businesses (DBA's): \_\_\_\_\_
5. Business Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Mailing address of business (if different than No. 5): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. I am applying for (select only one) ☐ Agricultural Exemption  
☐ Common Carrier Exemption

*I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and correct:*

Signature of Authorized Agent of Business: \_\_\_\_\_

Printed Name of Authorized Agent of Business: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Department of Resources Recycling and Recovery (CalRecycle)  
Tire Hauler Compliance Section  
P.O. Box 4025  
Sacramento, CA 95812

\* Name of individual, sole proprietorship, co-partnership, Limited Liability Company, corporation, or political subdivision applying for registration.

\*\* Pursuant to Family Code Section 17520(d), persons applying for issuance or renewal of any license or other authorization to engage in a business, occupation, or profession under any of the laws administered by the Department, must provide their social security numbers to the Department. The Department uses this information to match their names to the names on the list provided by the Department of Child Support Services, and to respond to requests for information made by child support agencies. Please be advised that this social security number may be used for Department enforcement and/or collection of penalties when needed. Please note that this section does not apply to Limited Liability Companies, corporations, or political subdivisions.