

# Waste Tire Certificate of Registration Application (Form WT-1)

**NOTE:** DO NOT USE THIS FORM FOR REGISTRATION RENEWAL



Colorado Department  
of Public Health  
and Environment

Registration Category (Check one) <input type="checkbox"/> New/Initial Application (location never registered)		<input type="checkbox"/> Change of ownership or update/correction of current registration information	
Business Name		<b>For Department Use Only SW</b>	
Other Business Names (DBAs)		County Business Resides In	
Street Address	City	State (xx)	Zip Code
Mailing Address (if same above, check box) <input type="checkbox"/>	City	State (xx)	Zip Code
Business Phone No.		Business E-mail Address	
Business Owner (First, Middle Initial, Last)		Owner Business Phone No. (xxx-xxx-xxxx)	
Business Manager (First, Middle Initial, Last)		Manager Business Phone No. (xxx-xxx-xxxx)	
Contact Person (First, Middle Initial, Last)		Contact Business Phone No. (xxx-xxx-xxxx)	
Contact E-mail Address			
Type of registration (Check box for all that apply)			
<input type="checkbox"/> Waste Tire Generator (motor vehicle or trailer waste tires)		<input type="checkbox"/> Waste tire hauler	
<input type="checkbox"/> End user		<input type="checkbox"/> Waste tire processor*	
<input type="checkbox"/> Mobile waste tire processor*		<input type="checkbox"/> Waste tire collection facility*	
		<input type="checkbox"/> Waste tire monofil*	
*These registration categories require establishment of financial assurance prior to application submittal & approval.			
Sell <b>NEW</b> motor vehicle or trailer tires? Check box if YES <input type="checkbox"/>			
<b>For Waste Tire Haulers ONLY:</b>			
Number of vehicles to be used to transport waste tires _____ (number of vehicle decals needed at 1 decal/vehicle)			
For <b>each vehicle</b> submit the following information by e-mail to <a href="mailto:CDPHE.HMWasteTires@state.co.us">CDPHE.HMWasteTires@state.co.us</a> (Subject Line: Waste Tire Registration) or mail this information to the address below:			
1. A legible copy of the current vehicle registration showing the state in which the vehicle is registered, the vehicle make/model and year, license plate number, vehicle identification number (VIN) and registered owner.			
2. If the vehicle is not owned by the waste tire hauler, authorization from the vehicle owner for the vehicle to be registered to haul waste tires.			

If you are completing this application by hand, fill out this application, make a copy for your files and then mail the original completed form to the address below:

**Solid Waste & Materials Management Program**  
c/o Waste Tire Registration  
Colorado Department of Public Health and Environment  
HMWMD-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

I certify that the information on this application is, to the best of my knowledge, true, accurate, and complete in all respects, that the business has been approved by the local government for waste tire activities at the above mentioned address, and that I am authorized to complete this application on behalf of this facility.

\_\_\_\_\_  
Facility Representative Signature (if completion by hand)

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date (mm/dy/yy)

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.