Toll Free 1-866-896-0600 / www.calrecycle.ca.gov/Tires

Cal	Recycle EXAMPLE 12	I rip Log and Receipts	10002 P.O. Box 1259, Sacramento, CA 95812 – 1259 Comprehensive Trip Number
Sta	te of California INSTRUCTIONS ON BACK OF		UPLICATE
E		tial, proprietary and trade secret. In accordance with Title, 14 CCR, Section	
	Vehicle Information Truck Decal Number	Hauler Address	
ĺ		Business Name Address	'
l	License Plate Number State	City, State and Zip	
ſ	License Plate Number State	Common	
Ц	<u> </u>	Carrier	
			Islification of this information may result in suspension, revocation, or denial of renewal of th ninistrative penalties up to \$5,000 per violation per day as described in Public Resources
	Duiyou'a Nama (nuint)	 Driver's Sig	gnature Date
	Driver's Name (print) Comprehensive Trip Log Number	Load Information	Facility Tire Program ID Site Suffix
	Comprehensive Trip Log Number		Tacility The Flogram ID Site Sumx
pt	C	Pick Up Delivery	-
ecei	Hauler Tire Program ID / Site Suffix		Facility Telephone Number
Customer Manifest Receipt	The state of the s		
anife		ш Whole Tire Count Weight in Lbs.	IUUU-UUUUUUU
∍r Ma		Weight in Lbs. Weight in Lbs. Volume Cubic Yds. Weight in Tons	Facility Business Name/Address
ome	Hauler Name		City, State and Zip
Cust		AMT	Stamp or Label OK
Ŭ	Hauler Telephone Number		Address Same as Hauler Initials
		(N /A for Whole Tires)	I CERTIFY THAT UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
	Comprehensive Trip Log Number	Load Information	Facility Tire Program ID Site Suffix
sipt .	B	Pick Up Delivery	
Receipt	Hauler Tire Program ID / Site Suffix		Facility Telephone Number
st		DATE / / / / / / / / / / / / / / / / / / /	
lanif		Weight in Lbs.	
er M	-	Volume Cubic Yds. Weight in Tons	Facility Business Name/Address
Customer Manife	Hauler Name		City, State and Zip
Cus		MAMT	Stamp or Label OK
	Hauler Telephone Number	\[\begin{align*} \b	Address Same as Hauler I CERTIFY THAT UNDER PENALTY OF PERJURY OF THE
		Whole Tires)	LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
	Comprehensive Trip Log Number	Load Information	Facility Tire Program ID Site Suffix
	Comprehensive rrip 209 italiasi		
eipt	A	Pick Up Delivery	
Receipt	Hauler Tire Program ID / Site Suffix		Facility Telephone Number
est Receipt	A	Pick Up Delivery DATE / / / / / / / / / / / / / / / / / / /	Facility Telephone Number
lanifest Receipt	A	DATE / / / / / / / / / / / / / / / / / / /	
er Manifest Receipt	A	DATE Whole Tire Count Weight in Lbs.	Facility Telephone Number Facility Business Name/Address
tomer Manifest Receipt	A	DATE Whole Tire Count Weight in Lbs.	Facility Business
Customer Manifest Receipt	Hauler Tire Program ID / Site Suffix	DATE Whole Tire Count Weight in Lbs. Volume Cubic Yds. Weight in Tons	Facility Business Name/Address
Customer Manifest Receipt	Hauler Tire Program ID / Site Suffix	DATE Whole Tire Count Weight in Lbs.	Facility Business Name/Address City, State and Zip

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By initialing this Comprehensive Trip Log (CTL) receipt, the signer(s) requests that information provided on this form will be considered confidential, proprietary and / or a trade secret. In accordance with Title 14, CCR, Section 17041 et. Seq., if a request is made for disclosure of this information, CalRecycle will contact the signer(s) of this form at the address and telephone number on this receipt.

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