



**NEW MEXICO  
ENVIRONMENT DEPARTMENT**



**Solid Waste Bureau**  
1190 Saint Francis Drive, Room N-2150  
P.O. Box 5469  
Santa Fe, New Mexico 87502-5469  
Telephone: (505) 827-0197 Facsimile: (505) 827-2902  
[www.env.nm.gov/solid-waste/](http://www.env.nm.gov/solid-waste/)

**SCRAP TIRE HAULER REGISTRATION FORM**

In accordance with the New Mexico Recycling, Illegal Dumping and Scrap Tire Management Rule (“RIDSTMR”), 20.9.20.26 through 20.9.20.32 NMAC, scrap tire haulers shall register with the New Mexico Environment Department (“NMED”) at least thirty (30) days prior to operations and every five (5) years thereafter. To register as a scrap tire hauler, complete this application form providing all required information, including an original \$10,000 surety bond. Mail the completed application to the address above. Assistance and information is available by contacting the Solid Waste Bureau’s Tire Program Coordinator at (505) 660-0420.

**I. GENERAL INFORMATION:**

A. LEGAL BUSINESS NAME OF SCRAP TIRE HAULER:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME OF OWNER – Not required if a corporation or LLC

\_\_\_\_\_  
DRIVER’S LICENSE NUMBER OF OWNER & STATE OF ISSUE – Not required if a corporation or LLC

B. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

C. PHYSICAL STREET ADDRESS WHERE VEHICLES WILL BE HOUSED (If different from the mailing address):  
\_\_\_\_\_

D. ZONING OF SITE(S) WHERE VEHICLES WILL BE HOUSED (Contact your local code enforcement/planning department, county manager or other land use authority):  
\_\_\_\_\_

E. BUSINESS TELEPHONE: \_\_\_\_\_

F. E-MAIL ADDRESS (if available): \_\_\_\_\_

G. CONTACT PERSON INFORMATION:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
E-MAIL ADDRESS (if available)

**II. VEHICLE LIABILITY INSURANCE and REGISTRATION:**

A. NAME OF INSURANCE COMPANY: \_\_\_\_\_

B. ADDRESS: \_\_\_\_\_

C. POLICY NUMBER, AMOUNT OF LIABILITY INSURANCE, EFFECTIVE AND EXPIRATION DATES:

| _____<br>Policy Number | _____<br>Amount (\$) | _____<br>Effective Date | _____<br>Expiration Date |
|------------------------|----------------------|-------------------------|--------------------------|
|------------------------|----------------------|-------------------------|--------------------------|

D. ATTACH A LIST OF THE NUMBER AND TYPES OF VEHICLES, INCLUDING TRAILERS, USED FOR THE TRANSPORTATION OF SCRAP TIRES, AND COPIES OF THE CURRENT REGISTRATION FOR EACH VEHICLE OR TRAILER.

**III. OPERATIONS:**

A. ANTICIPATED START DATE OF OPERATION (for new haulers), HOURS AND DAYS OF COLLECTION:

| _____<br>Anticipated Start Date | _____<br>Hours of Collection | _____<br>Days of Collection |
|---------------------------------|------------------------------|-----------------------------|
|---------------------------------|------------------------------|-----------------------------|

B. List the names, physical locations and state-issued permit or registration numbers for all permitted or registered tire recycling or solid waste facilities, civil engineering applications and/or land reclamation projects to which the scrap tires will be transported. Attach a separate list if necessary. *[NOTE: For beneficial agricultural use locations, provide the site's physical location, nature of the project and the project owner's contact information.]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. TIRE STORAGE SITES:**

- A. PHYSICAL LOCATION OF ALL TEMPORARY SCRAP TIRE STORAGE FACILITIES. *[NOTE: If the hauler uses a temporary storage facility to separate scrap tires from reusable tires, a permit is required if more than 99 scrap tires will be stored at this location at any one time. If a temporary storage facility is proposed, GPS coordinates shall be included below. If a permit is necessary, please call the Solid Waste Bureau's Tire Program Coordinator at (505) 660-0420.]*
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- B. ZONING OF TEMPORARY SCRAP TIRE STORAGE SITES. *[NOTE: Contact your local code enforcement/planning department, county manager or other land use authority.]*
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**V. BONDING:**

**APPLICANTS MUST ENCLOSE WITH THIS APPLICATION A SURETY BOND IN THE AMOUNT OF \$10,000.00 WITH ORIGINAL SIGNATURES AND NOTARY SEAL, USING THE FORM APPROVED BY THE NMED.** The form is available by pointing your browser to <https://www.env.nm.gov/solid-waste/forms-2/#scraptireprogrampermitapplicationforms>. Contact your local insurance agent to obtain the bond. The NMED will accept a bond with this form from any New Mexico licensed surety; you are not obligated to use any particular company. The Solid Waste Bureau recommends sending your bond application by USPS certified mail.

**VI. CERTIFICATIONS:**

- A. I certify that all drivers and vehicles are, and will continue to be, properly licensed and registered. \_\_\_\_\_  
Initials
- B. I certify that each shipment of ten or more scrap tires shall be accompanied by a scrap tire manifest that complies with 20.9.20.50 NMAC in a format approved by the NMED. \_\_\_\_\_  
Initials
- C. If a temporary storage facility is proposed, I certify that no more than 99 scrap tires will be stored at any one time unless the site is a permitted Tire Recycling/Storage Facility. \_\_\_\_\_  
Initials
- D. If a temporary storage facility is proposed, I certify that all scrap tires will be separated from reusable tires and that the scrap tires will not be stored for a period exceeding 72 hours. \_\_\_\_\_  
Initials

- E. If a temporary storage facility is proposed, I certify that the location meets all zoning and land use regulations, and any applicable restrictive covenants. \_\_\_\_\_  
Initials
- F. Have any of the applicant's owner(s) or operator(s) been fined for violation of any environmental laws of any state or the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Initials Initials
- G. Have any of the applicant's owner(s) or operator(s) had any permit or registration revoked or permanently suspended for cause under environmental laws of any state or the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Initials Initials

**VII.** The undersigned attests that the information provided upon this registration form, including all attachments, is true and correct.

\_\_\_\_\_  
SIGNATURE and TITLE

\_\_\_\_\_  
DATE

**MAKE A COPY AND RETURN THIS FORM AND ALL REQUIRED ATTACHMENTS TO:**

Attention – Tire Program Coordinator  
NMED Solid Waste Bureau – Room N-2150  
1190 Saint Francis Drive  
P.O. Box 5469  
Santa Fe, New Mexico 87502-5469

*[Revised 11/30/2020]*