Revised: April 2021



Tire Stewardship B.C. Program SCRAP TIRE GENERATOR REGISTRATION APPLICATION

SECTION I				
Type of business (please tick applicable box)	Auto Wrecke	r Lai	ndfill / Transfer Station	
Other (describe)				
SECTION II				
Applicant (Legal business name)				
Applicant (Business Name DBA)				
Site Location address				
City	Province	Postal code	Phone No.	Fax No.
Primary Contact	Position		Email address	
SECTION III (complete if different from above)				
Office address				
City	Province	Postal code	Phone No.	Fax No.
Primary Contact	Position		Email address	
SECTION IV				
Signature (one of the pri	mary contacts)	Print name		Date
For TSBC office use only				
Date received Registration No. Confirmation Mailed				