

**COCHISE COUNTY**  
**SOLID WASTE DEPARTMENT**  
**WASTE TIRE DISPOSAL MANIFEST**

**LOADS ACCEPTED FROM REGISTERED TIRE GENERATORS ONLY**

**WASTE TIRE DISPOSAL RULES:**

- 1 A **Waste Tire Disposal Manifest** form must be completed accurately, legibly and in full for each and every load -- or a disposal fee will be assessed.
- 2 This **Waste Tire Disposal Manifest** form must show the **State Transaction Privilege Tax License Number** (below).
- 3 Waste tires will be received only at the Western Regional Landfill -- 2595 N. Sagebrush Road, Huachuca City, Arizona
- 4 This manifest form must be presented to the Landfill fee attendant.
- 5 The driver shall follow all instructions of the Landfill personnel.
- 6 The waste tire hauler is responsible for separating and placing in the proper marked locations all tires brought by him into the waste tire collection site -- or a handling fee will be assessed.

**REMOVAL OF TIRES IS STRICTLY PROHIBITED**

**REQUIRED INFORMATION:**

**GENERATOR OF WASTE TIRES** (Complete Company Name): \_\_\_\_\_

STATE TRANSACTION PRIVILEGE TAX LICENSE NUMBER: \_\_\_\_\_

STREET ADDRESS OF GENERATOR FOR THIS LOAD OF TIRES: \_\_\_\_\_

MAILING ADDRESS OF GENERATOR: \_\_\_\_\_

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**NUMBER OF:** PASSENGER/ LIGHT SEMI OFFROAD MOTOR  
TRUCK TIRES: \_\_\_\_\_ TRUCK TIRES: \_\_\_\_\_ VEHICLE TIRES: \_\_\_\_\_  
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**NAME OF HAULER:** \_\_\_\_\_

**BUSINESS ADDRESS OF HAULER:** \_\_\_\_\_

**VEHICLE MAKE:** \_\_\_\_\_ **LICENSE PLATE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**DRIVER'S NAME:** \_\_\_\_\_ **DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

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*I certify that I have followed all waste tire disposal requirements and the information provided is complete and accurate to the best of my knowledge. I certify that I am authorized to sign this manifest and that the Company named is a WHOLESALER or RETAILER of new tires and contributes to the Waste Tire Fund.*

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(THIS SECTION TO BE COMPLETED BY THE COCHISE COUNTY SOLID WASTE DEPARTMENT LANDFILL EMPLOYEE)

**NUMBER OF WASTE TIRES:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_

**STATE TRANSACTION PRIVILEGE TAX LICENSE NUMBER CONFIRMED (Circle):**    **YES**    **NO**

\_\_\_\_\_  
(Signature of Landfill Employee)

\_\_\_\_\_  
Date