



Tire Transporter Permit Application
 (\$25 Fee per Vehicle)

Business Information

Full Business Name:	
Business Mailing Address:	
Business Phone:	
Name of Owner/Manager/Agent:	
Business Address Where Records Will Be Maintained:	
Physical Address: (If different from Business Address):	

Complete page two and attach additional pages if necessary

Certification

I, _____ do hereby apply to the City of San Antonio for a permit to transport tires within the corporate limits of the City of San Antonio, Texas. The permit applied for shall be subject to all provisions of the codes and ordinances of the City relating to used/scrap tire transportation as well as all state and federal regulations relating to such operations.

Required Signatures

Printed Name of Owner:	Date:
Signature of Owner:	

Mail application to:

Development Services Department
 Field Services Division
 c/o Scrap Tire Program
 PO Box 839966
 San Antonio, TX 78283

Or Drop off in person at:

Cliff Morton Business Development Center
 Development Services Department
 1901 S. Alamo
 San Antonio, TX 78204

FOR OFFICIAL USE ONLY:

Decal #: _____
 Date Issued: _____
 Invoice #: _____

Permit #: _____
 Date Issued: _____
 Date Paid: _____

Driver Information

Name of Driver	Home Address	Driver's License Number and State of Issue	Driver's Transporter Permit Has Not Been Revoked in Last 3 Years? YES or NO_

Description of Vehicle(s)

#1 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#2 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#3 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#4 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	

(Please make additional copies of this page if more space is required.)