



Tire Supplier Registration Form

Name of Applicant (Legal Business Name):		
The location of the head office of the applicant:		
Physical Location:		
Mailing Address:	Province/State:	Postal/Zip Code:
The location of the main place of business in New Brunswick: (If multiple locations in New Brunswick, please select only one location to identify on this form.)		
<input type="checkbox"/> We do not have a location in New Brunswick		
Physical Location:		
Mailing Address:	Province:	Postal Code:
The contact information of the person to whom any correspondence or inquiries should be directed:		
1. Name:		
E-mail Address:	Telephone Number:	
Mailing Address:	Province/State:	Postal/Zip Code:
2. Name:		
E-mail Address:	Telephone Number:	
Mailing Address:	Province/State:	Postal/Zip Code:



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Identify an item in each section as it applies to your business:		
Section A	Section B	Section C
<input type="checkbox"/> Tire Retailer/Garage <input type="checkbox"/> Car Dealership <input type="checkbox"/> Trucking Company <input type="checkbox"/> Towing Company <input type="checkbox"/> Salvage Yard <input type="checkbox"/> Solid Waste Commission <input type="checkbox"/> Other _____	<input type="checkbox"/> YES Tire Sales <input type="checkbox"/> NO Tire Sales	<input type="checkbox"/> Pays levy to tire supplier <input type="checkbox"/> Remits levy to RNB

I hereby acknowledge that this applicant understands the requirement to notify Recycle NB within ten days of any change to the information provided on this form as per Section 17 of the *Designated Materials Regulation*.

Name of Applicant (Please Print):

Date:

Signature:

Submit

Or return to:

**Recycle New Brunswick
P.O. Box 308, Station A
Fredericton, NB, E3B 4Y9**

**Tel: 506 454-8473
Fax: 506 454-8471
info@recyclenb.com**