



## Tire Supplier Registration Form

<b>Name of Applicant</b> (Legal Business Name):		
<b>Address and location of head office of the applicant:</b>		
Physical Location:		
Mailing Address:	Province/State:	Postal/Zip Code:
<b>Address and location of main place of business in New Brunswick:</b>		
Physical Location:		
Mailing Address:	Province:	Postal Code:
<b>If a corporation, provide the following information relating to <u>all</u> the officers of the corporation:</b>		
1. Name:	Title:	
Corporate Address:	Province/State:	Postal/Zip Code:
2. Name:	Title:	
Corporate Address:	Province/State:	Postal/Zip Code:
3. Name:	Title:	
Corporate Address:	Province/State:	Postal/Zip Code:



## Tire Supplier Registration Form

<b>Name, address and telephone number of person to whom any correspondence or inquiries should be directed:</b>		
Name:		
Mailing Address:		E-mail Address:
Province/State:	Postal/Zip Code:	Telephone Number:
<b>Identify an item in each section as it applies to your business:</b>		
<b>Section A</b> <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 _____	<b>Section B</b> <input type="checkbox"/> YES Tire Sales <input type="checkbox"/> NO Tire Sales	<b>Section C</b> <input type="checkbox"/> Pays levy to tire supplier <input type="checkbox"/> Remits levy to RNB

**Name of Applicant: (Please Print)**

**Date:**

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**Signature of Applicant:**

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**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**