



# Waste Tire Hauler Registration Form

Neighborhood Services Department  
Regulated Industries Division  
635 Woodland, Suite 2101  
Kansas City, Missouri 64106 (816) 513-4561

Please type or print the following information

DBA business name \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State ZIP

**\*The designated agent will be the individual authorized to receive notifications that may be issued by the City**

Designated agent's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Designated agent's street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Business phone \_\_\_\_\_

Designated agent's e-mail address \_\_\_\_\_

Office use only – Do not write in space below

-----INVESTIGATOR-----

Date registration completed \_\_\_\_\_

**Registration** recommended for: [ ] Approval [ ] Disapproval Date: \_\_\_\_\_

Reason(s) for recommendation of disapproval of registration (if any) \_\_\_\_\_

Contingency and other items needed prior to issuance of license \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Regulated Industries Division Investigator

-----INVESTIGATIONS SUPERVISOR-----

**Registration** recommended for: [ ] Approval [ ] Disapproval Date: \_\_\_\_\_

Regulated Industries Division Investigations Supervisor

-----ASSISTANT MANAGER-----

**Registration** recommended for: [ ] Approval [ ] Disapproval Date: \_\_\_\_\_

Regulated Industries Division Assistant Manager

-----MANAGER-----

This registration is hereby [ ] Approved [ ] Disapproved

Comments: \_\_\_\_\_

Regulated Industries Division Manager

Date

