



FOR OFFICE USE ONLY
ID:

Yukon Tire Producer Registration Application

APPLICANT INFORMATION

Legal Business Name of Applicant:			
Operating As (if different from legal business name):		Franchise Name (if applicable):	
Physical Address:			
City:	Province:	Postal Code:	Country:
Mailing Address (if different from physical address):			
City:	Province:	Postal Code:	Country:
Phone Number:	Fax Number:	Website:	
Does the company have additional locations in Yukon operating under the same legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please list the details below. If space is not sufficient, please attach complete list.			
Location Name	Address (including city, province, postal code)		Phone Number

CONTACT INFORMATION

Reporting Contact <i>(Please provide the contact information for the primary individual that will be responsible for submitting reports.)</i>	
Name:	Title/Position:
Email Address (required):	Phone Number:
Owner/Manager Contact	
Name:	Title/Position:
Email Address:	Phone Number:

BUSINESS INFORMATION

Business Start Date:		Locations of Customers (select all that apply):	
		<input type="checkbox"/> In Yukon <input type="checkbox"/> Outside Yukon	
Program Eligible Tires <i>(see Product Clarification Table for details)</i>	Sale/supply in or into Yukon?	Date of first sale/supply in or into Yukon	Approximate number of products sold per year
Passenger and Light Truck Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty, Industrial and Other Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medium Truck Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recreational Vehicle Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTR (Off-the-Road) Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No		

This information is being collected on behalf of the Government of Yukon under the authority of Section 5 of the Designated Materials Regulation.



SUPPLIER LIST

Please provide the name and contact information for all companies who supply the company with **Program Eligible Tires**. **Include suppliers of loose tires and suppliers of equipment/vehicles with tires**. If space is not sufficient, please attach complete list.

Company Name:	Contact Name:	Address (including city, province, postal code):	Phone Number & Email:

CUSTOMER LIST

Does the company sell Program Eligible Tires to end users? Yes No

Does the company sell Program Eligible Tires to resellers? Yes No *If yes, please list contacts below.*

Please provide the name and contact information for all companies to whom the company supplies **Program Eligible Tires**. **Include customers who are resellers only, do NOT include end users**. If space is not sufficient, please attach complete list.

Company Name:	Contact Name:	Address (including city, province, postal code):	Phone Number & Email:



Applicants should ensure that they:

- are familiar with the Designated Materials Regulation (Environment Act).
- complete all applicable sections, legibly printing or typing all information.
- complete the signature block at the end of the form.

Additional information may be required upon receipt of this application.

APPLICANT AUTHORIZATION

I certify that the information provided in this application is correct and complete to the best of my knowledge.

I understand that a valid registration is required to supply designated materials into Yukon.

I understand that reporting and remittance must be submitted to Alberta Recycling who administers the program on behalf of Yukon Government Recycling Fund as per the categories and surcharges listed in the Regulation, as amended from time to time, for any tires for which no remittance has been collected.

I understand that my organization must keep records according to s.10.1 of the Designated Materials Regulation, including records of the number of tires supplied by my organization, any surcharges collected for the supplied products, and the name and contact information for other producers to whom the producer has purchased product, or sold product.

I understand that failure to comply with the Designated Materials Regulation may lead to suspension or cancellation of this registration.

Signature:

Date:

Print Name:

Title/Position:

Email: yukontires@albertarecycling.ca

Fax: 1-866-990-1122

Mail: P.O. Box 189, Edmonton, AB T5J 2J1

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