

**TIRE DEALER
SUPPLEMENTAL APPLICATION**

1.	Do you perform any Tire Recapping, Retreading or Regrooving?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Do you sell or install used tires? If yes, what is the percentage? _____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you install all tires sold? If no, what are receipts for tire sales? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you sell or install specialty tires? (Ex. racing, oversized or tractor). If yes, please describe below: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	How are tires displayed? _____ Please describe how are tires displayed below: _____	
6.	What procedures are in place for handling product tire recalls? Please describe procedures in place for handling product tire recalls: _____	
7.	What are your tire disposal procedures? Please describe tire disposal procedures: _____	

Applicant's signature: _____

Date: _____