



TIRE DEALER SUPPLEMENTAL APPLICATION

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| 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: _____