CON 12-1-1
Doc # 117418

Iowa Department of Natural Resources
Land Quality Bureau

WASTE TIRE HAULER REGISTRATION
APPLICATION/RENEWAL FORM

06-0606-50-
Business Name
Applicant Name

Notice to applicants: Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application begin returned.

Begin here: This application is for: ☐ **New Registration** ☒ **Annual Renewal**

POSTED
JUN 24 2026
IOWA DNR

Please complete all of the following items by typing or printing only:

ITEM 1 Name of business: **Tire Management Holdings LLC #TH-181**

ITEM 1A List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)

ITEM 2 Address and phone number of the principal place of business of the tire hauler:

Street address: 300 Overland Drive Suite 1

City/State/Zip Code: North Aurora IL 60542

Phone Number: Work: (630) 844-1676 Email: Molly@tiremanagementinc.com

ITEM 3 Name and address of the person(s) submitting this application as a representative of the tire hauler:

Name: Molly Christiansen

Address: 300 Overland Drive

City/State/Zip Code: North Aurora, IL 60542

Phone Number: (630) 844-1676 Email: Molly@tiremanagementinc.com.

ITEM 4 Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:

1) Name: JASON THOMAS

Address: 300 Overland Drive

City/State/Zip Code: North Aurora, IL 60542

Phone Number: 630. 844- 1676.

2) Name:

Address:

City/State/Zip Code:

Phone Number:

3) Name:

Address:

City/State/Zip Code:

Phone Number:

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ITEM 5 **Motor vehicle information**

Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #1	**Vehicle #2**
Year 2017 Make International Model MA 025	Year 2021 Make Chevy Model 4500
Name and address of owner: Tire Management Holdings LLC 300 Overland Dr. North Aurora, IL	Name and address of owner: Tire Management Holdings, LLC 300 Overland Drive, North Aurora, IL 60542
VIN# 3HAMMMML2HL641906 60542	VIN# 54DCDW1D9MS200175
License Plate # 2145744	License Plate # 193936F
State Registered In: IL	State Registered In: IL
Vehicle #3	**Vehicle #4**
Year 2019 Make International Model 4300	Year 2016 Make International Model MA 025
Name and address of owner: Tire Management HOLDINGS, LLC 300 Overland Drive, North Aurora, IL	Name and address of owner: Tire Management HOLDINGS, LLC 300 Overland Dr. North Aurora, IL 60542
VIN# 1HTMMMML4KH452264	VIN# 3HAMMMML5GL380608
License Plate # 217129H	License Plate # 221905H
State Registered In: IL	State Registered In: IL

***Copy this sheet and add information for as many additional vehicles as needed**

ITEM 6 **Waste tire end use information**

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

1) Name: PREFERRED TIRE Recycler
   Address: 575 S. 10th St.
   City/State/Zip Code: HILLSDALE, IN 47854
   Phone Number: (765) 245-2190
2) Name: Treadstone Tire Recycling
   Address: 175 S. Des Plaines St.
   City/State/Zip Code: Joliet, IL 60436
   Phone Number: 815. 572. 6444
3) Name:
   Address:
   City/State/Zip Code:
   Phone Number:

ITEM 7 If this application represents a NEW registration, attach a surety bond for $150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

ITEM 5 **Motor vehicle information**

Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #1	**Vehicle #2**
Year 2020 Make Dodge Model 4500	Year 2020 Make Chev Model 4500
Name and address of owner: Tire Management Holdings, LLC 300 overland Dr. North Aurora, Illinois	Name and address of owner: Tire Management Holdings, LLC 300 overland Drive North Aurora, IL 60542
VIN# 3C7WRKCL4LG175162	VIN# 54DCDW1B36LS806133
License Plate #	License Plate #
State Registered In:	State Registered In:
Vehicle #3	**Vehicle #4**
Year Make Model	Year Make Model
Name and address of owner:	Name and address of owner:
VIN#	VIN#
License Plate #	License Plate #
State Registered In:	State Registered In:

***Copy this sheet and add information for as many additional vehicles as needed**

ITEM 6 **Waste tire end use information**

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

1) Name: _____
   Address: _____
   City/State/Zip Code: _____
   Phone Number: _____
2) Name: _____
   Address: _____
   City/State/Zip Code: _____
   Phone Number: _____
3) Name: _____
   Address: _____
   City/State/Zip Code: _____
   Phone Number: _____

ITEM 7 If this application represents a NEW registration, attach a surety bond for $150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

ITEM 8 The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.

Initial here with understanding of these requirements: _____

ITEM 9 The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.

Initial here with understanding of these requirements: _____

ITEM 10 The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.

Initial here with understanding of these requirements: _____

ITEM 11 I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:

Signature: _____ **Date:** 6/18/2026

Type or print name: Jason Thomas

ITEM 12 **Attach the annual registration fee of $50.** Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

Return completed application, fee, and bond information to:

Becky Jolly
Iowa Department of Natural Resources
6200 Park Ave, Ste 200
Des Moines IA 50321

23431

23431

6/17/2026

Iowa Department of Natural R...

Date	Description	Orig. Amt.	Amt. Due	Discount	Amount
6/15/2026	Bill #Annual Registration ...	50.00	50.00		50.00

1102 Parkside Operating ... Annual Registration Fee-2026 50.00

Dimond Bros. INSURANCE

Customer	Tire Management Holdings LLC
Acct #	107362
Date	07/24/2025
Customer Service	Karri McRight Tracy Ruff
Page	1 of 1

Payment Information	
Invoice Summary	$ 6,000.00
Payment Amount	
Payment for:	Invoice#1558966
PSS10110095	

Tire Management Holdings LLC
300 Overland Drive Suite 1
North Aurora, IL 60542

Customer: Tire Management Holdings LLC

Invoice	Effective	Transaction	Description	Amount
1558966	07/24/2025	New business	Policy #PSS10110095 07/24/2025-07/24/2026 Indemnity National Insurance Co. Iowa Waste Tire Hauler - New business	6,000.00

All invoices are due upon receipt. Failure to pay in a timely manner will require the Agency to request cancellation from the carrier.
Due Date: 8/4/2025

RECEIVED
JUN 25 2026

For your convenience, online bill pay is available via credit card or ACH. Visit our website, www.DimondBros.com scroll to the bottom and select "Make Payment" or go directly to dimondbros.epaypolicy.com

Total
$ 6,000.00

Privacy Policy is available at www.dimondbros.com

DIMOND BROS. INSURANCE LLC
928 Clinton Rd. P.O. Box 1090
Paris, IL 61944
(217)465-5041

Date
07/24/2025

Thank you for submitting your payment. Please check your inbox for a copy of this receipt.

Dimond Bros. INSURANCE

Tire Management Holdngs LLC

Juliet@tiremanagementinc.com

Receipt #25552523

Payment on 7/25/2025

Do you have an account number?	Yes
Account Number	107362
Zip Code	60542

RECEIVED
JUN 25 2026

Invoices

1558966 *Due Date: 08-04-25*	$6,000.00
Subtotal	$6,000.00
Fee	$5.00
Total	$6,005.00
PAYER PAYMENT METHOD	ACH XXX6699

To reverse this payment, please contact Dimond Bros. Insurance, LLC using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

NOTES