



Iowa Department of Natural Resources
Land Quality Bureau
WASTE TIRE HAULER REGISTRATION
APPLICATION/RENEWAL FORM

CON 12-1-1
Doc # 117418

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 being 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 Year <u>2017</u> Make <u>International</u> Model <u>MA 025</u> Name and address of owner: <u>Tire Management Holdings LLC</u> <u>300 Overland Dr. North Aurora, IL</u> VIN# <u>3HAMMML2HL64190660542</u> License Plate # <u>2145744</u> State Registered In: <u>IL</u>	Vehicle #2 Year <u>2021</u> Make <u>Chery</u> Model <u>4500</u> Name and address of owner: <u>Tire Management Holdings, LLC</u> <u>300 Overland Drive, North Aurora, IL 60542</u> VIN# <u>540CDW1D9MS200175</u> License Plate # <u>193A36F</u> State Registered In: <u>IL</u>
Vehicle #3 Year <u>2019</u> Make <u>International</u> Model <u>4300</u> Name and address of owner: <u>Tire Management Holdings, LLC</u> <u>300 Overland Drive, North Aurora, IL</u> VIN# <u>1HTMMML4KH452264</u> License Plate # <u>217129H</u> State Registered In: <u>IL</u>	Vehicle #4 Year <u>2016</u> Make <u>International</u> Model <u>MA 025</u> Name and address of owner: <u>Tire Management Holdings, LLC</u> <u>300 Overland Dr. North Aurora, IL 60542</u> VIN# <u>3HAMMML5GL380608</u> License Plate # <u>221903H</u> State Registered In: <u>IL</u>

*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:

- Name: PREFERRED TIRE Recycler

Address: 575 S. 10th St.

City/State/Zip Code: HILLSDALE, IN 47854

Phone Number: (765) 245-2190
- Name: Treadstone Tire Recycling

Address: 175 S. Des Plaine St.

City/State/Zip Code: Joliet, IL 60436

Phone Number: 815. 572. 6444
- 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 Year <u>2020</u> Make <u>Dodge</u> Model <u>4500</u> Name and address of owner: <u>Tire Management Holdings, LLC</u> <u>300 Overland Dr. North Andover, MA 01851</u> VIN# <u>3C7WRKCL4L6175162</u> License Plate # _____ State Registered In: _____	Vehicle #2 Year <u>2020</u> Make <u>Chevy</u> Model <u>4500</u> Name and address of owner: <u>Tire Management Holdings, LLC</u> <u>300 Overland Dr. North Andover, MA 01851</u> VIN# <u>54DCDW1B36LS806133</u> License Plate # _____ State Registered In: _____
Vehicle #3 Year _____ Make _____ Model _____ Name and address of owner: _____ _____ VIN# _____ License Plate # _____ State Registered In: _____	Vehicle #4 Year _____ Make _____ Model _____ Name and address of owner: _____ _____ VIN# _____ License Plate # _____ State Registered In: _____

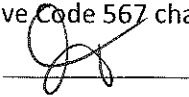
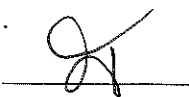
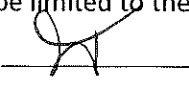
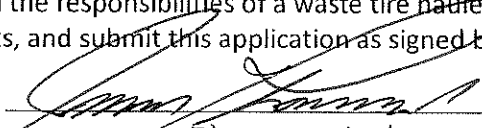
*Copy this sheet and add information for as many additional vehicles as needed

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

50.00

1102 Parkside Operating ... Annual Registration Fee-2026



Dimond Bros.

INSURANCE

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

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	



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 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	6,000.00

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

Receipt
#25552523

Juliet@tiremanagementinc.com

Payment on 7/25/2025

Do you have an account number? Yes

Account Number 107362

Zip Code 60542

RECEIVED

JUN 25 2026

Invoices

1558966 \$6,000.00
Due Date: 08-04-25

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