



MMSB TIRE SUPPLIER REMITTANCE FORM

Supplier Name: _____

Registration # T: _____

Reporting Period: From: _____ To: _____

Total number of new highway-use tires supplied not exceeding 17" rim size.	_____ X \$3.00	\$ _____	(a)
Total number of new highway-use tires supplied not exceeding 24.5" rim size.	_____ X \$9.00	\$ _____	(b)

Total remitted to MMSB: (a) + (b) \$ _____

Completed by: _____

Date: _____

Phone #: _____

NOTE: Remit to MMSB by the 10th of the month following the sale.

P.O. Box 8131, Station 'A'

St. John's, NL A1B 3M9

Tel: (709) 753-0948 or 1-800-901-MMSB

Fax: (709) 753-0974

www.mmsb.nl.ca



Required: Please notify the MMSB of any changes to your account