

**NJDEP - CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY (CPCN)**

**ANNUAL UTILITY REPORT
FOR SOLID WASTE
COLLECTORS AND BROKERS**

CALENDAR YEAR 2014

affix label here

DUE JUNE 1, 2015

Note: This Report has been changed substantially since last year.

**This Utility Report is not the Annual A-901 Update submitted
to the Attorney General's Office!**



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

ENVIRONMENTAL MANAGEMENT

401 E. STATE STREET
2ND FLOOR, WEST WING
MAIL CODE 401-02C
TRENTON, NJ 08625-0420

CHRIS CHRISTIE
GOVERNOR

BOB MARTIN
COMMISSIONER

KIM GUADAGNO
LT. GOVERNOR

April 20, 2015

Dear CPCN Holder:

Enclosed is the 2014 SOLID WASTE ANNUAL UTILITY REPORT, **which must be submitted no later than June 1, 2015 and mailed directly to NJDEP at the address above.** Your company, as a regulated solid waste public utility, is required to file this report even if there was no activity during calendar year 2014 OR if you discontinued service during calendar year 2014.

Please be aware that this report is NOT the annual A-901 update which you are required to submit separately to the Office of the Attorney General.

When you mail in your completed CPCN Annual Utility Report, NJDEP will review, verify and approve it. Based on the reported solid waste gross operating revenue, a fee assessment will be calculated and an invoice (bill) will be mailed to you under separate cover. The Department of Treasury, Bureau of Revenue will mail this invoice directly to you. Please promptly pay this fee assessment directly to the Bureau of Revenue and include the invoice with your payment. Do not send any payments to NJDEP!

The fee assessment is calculated at the rate of $\frac{1}{4}$ of 1% of your reported gross operating revenue with a \$600 minimum fee. It is important that you submit payment promptly since NJDEP is required to refer all overdue fees to Collections within 90 days of the date the fee is assessed.

Failure to file a completed Annual Report and pay the appropriate assessment shall result in a hold being placed on your decals, penalties and possible revocation of your CPCN in accordance with N.J.A.C. 7:26H-5.15(b)1.

If you no longer wish to participate in New Jersey's solid waste industry, please fill out the Notice of Surrender form found at the end of this report and mail as directed. You will still be required to pay applicable utility fees for the previous calendar year.

Should you have any questions concerning the Annual Utility Report, please call the Solid Waste Utility Unit at (609) 984-4250.

Sincerely,

Deborah Pinto, Chief
Bureau of Planning & Licensing

SW _____

IMPORTANT REMINDERS:

- Write your **SW number** on **all pages** as indicated (and attach and label any additional sheets)
- File this report in the solid waste utility's certificate name exactly as shown on the CPCN
- Filing this report is required even if there was no solid waste activity during 2014
- Complete every question, or indicate "N/A" for all questions which are not applicable
- SIGN and NOTARIZE** the Annual Report as indicated
- Keep a copy of this Annual Report for your record

- THIS COMPLETED REPORT IS DUE **NO LATER THAN JUNE 1, 2015**
AND MUST MAIL TO:

NJDEP-SOLID WASTE PLANNING & LICENSING
2014 COLLECTOR AND BROKER ANNUAL UTILITY REPORT
401 EAST STATE STREET
MAIL CODE 401-02C; P.O. BOX 420
TRENTON, NJ 08625-0420

IT IS SUGGESTED THAT YOU MAIL THIS COMPLETED REPORT VIA CERTIFIED MAIL, RETURN RECEIPT AND KEEP A COPY FOR YOUR RECORD

ASSESSMENT REMINDER:

Once your Annual Report is reviewed, verified and approved by NJDEP, the Department of Treasury will mail an invoice (a bill) directly to you in the appropriate amount of your annual assessment. This assessment is currently calculated at the rate of $\frac{1}{4}$ of 1% of your reported gross operating revenue with a \$600 minimum. **Please submit payment promptly.**

ONCE YOU RECEIVE INVOICE, YOU ARE REQUIRED TO PAY YOUR ASSESSMENT PROMPTLY. PLEASE MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY AT THE ADDRESS LISTED ON YOUR INVOICE.

GROSS OPERATING REVENUE
REPORTABLE AND NON REPORTABLE REVENUE

The Gross Operating Revenue generated from the collection or brokering of Solid Waste in New Jersey is required to be reported in the “Collector and Brokers Utilities Annual Report” in accordance with the **NEW JERSEY ADMINISTRATIVE CODE**:

Reportable Waste includes revenue derived from the collection, brokering and/or disposal of the following solid waste types: Waste Type ID 10, 12, 13, 13C, 23, 25, 27, 27A and 27I

- That is generated in NJ and directly transported to a disposal facility in or out of NJ.
- That is generated in NJ and transported to a transfer station, landfill, incinerator, or rail carrier in NJ.
- That is residual waste from a transfer station material recovery facility and directly transported to a disposal facility in or out of NJ or transported to a rail carrier in NJ.

NON REPORTABLE GROSS OPERATING REVENUE:

- Waste not generated in NJ
- ID 72 Bulk liquid and semi-liquids
- ID 73 Septic tank clean-out wastes
- ID 74 Liquid sewage sludge
- Grease Trap Waste disposed at sewage treatment plant
- Waste collected from a NJ transfer station or rail carrier and directly transported out of NJ for disposal
- Recyclable material hauled to a recycling facility
- Hazardous Waste
- Medical Waste

Solid Waste Types: (Please see the next page labeled NEW JERSEY ADMINISTRATIVE CODE for specific examples of waste types)

- ID 10 Municipal (includes household, commercial and institutional)
- ID 12 Dry Sewage Sludge
- ID 13 Bulky Waste
- ID 13C Construction and demolition waste
- ID 23 Vegetative waste
- ID 25 Animal and food processing waste
- ID 27 Dry industrial waste (e.g. “dirty dirt”)
- ID 27A Waste material consisting of asbestos or asbestos containing waste
- ID 27I Waste consisting of incinerator ash or ash containing waste

NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 7:26-2:13

(g) Waste identification and definition of solids includes the following:

1. Solid wastes; waste ID number and definitions:

- i. **10 Municipal** (household, commercial and institutional): Waste originating in the community consisting of household waste from private residences, commercial waste which originates in wholesale, retail or service establishments, such as, restaurants, stores, markets, theatres, hotels and warehouses, and institutional waste material originated in schools, hospitals, research institutions and public buildings.
- ii. **12 Dry sewage sludge:** Sludge from a sewage treatment plant which has been digested and dewatered and does not require liquid handling equipment.
- iii. **13 Bulky waste:** Large items of waste material, such as appliances and furniture. Discarded automobiles, trucks and trailers and large vehicle parts, and tires are included under this category.
- iv. **13C Construction and demolition waste:** Waste building material and rubble resulting from construction, remodeling, repair, and demolition operations on houses, commercial buildings, pavements and other structures. The following materials may be found in construction and demolition waste: treated and untreated wood scrap; tree parts, tree stumps and brush; concrete, asphalt, bricks, blocks and other masonry; plaster and wallboard; roofing materials; corrugated cardboard and miscellaneous paper; ferrous and non-ferrous metal; non-asbestos building insulation; plastic scrap; dirt; carpets and padding; glass (window and door); and other miscellaneous materials; but shall not include other solid waste types.
- v. **23 Vegetative waste:** Waste materials from farms, plant nurseries and greenhouses that are produced from the raising of plants. This waste includes such crop residues as plant stalks, hulls, leaves and tree wastes processed through a wood chipper. Also included are non-crop residues such as leaves, grass clippings, tree parts, shrubbery and garden wastes.
- vi. **25 Animal and food processing wastes:** Processing waste materials generated in canneries, slaughterhouses, packing plants or similar industries, including animal manure when intended for disposal and not reuse. Also included are dead animals. Animal manure, when intended for reuse or composting, is to be managed in accordance with the criteria and standards developed by the Department of Agriculture as set forth at N.J.S.A. 4:9-38.
- vii. **27 Dry industrial waste:** Waste materials resulting from manufacturing, industrial and research and development processes and operations, and which are not hazardous in accordance with the standards and procedures set forth at 7:26G. Also included are nonhazardous oil spill cleanup waste, dry nonhazardous pesticides, dry nonhazardous chemical waste, and residue from the operations of a scrap metal shredding facility.
- viii. **27A** Waste material consisting of asbestos or asbestos containing waste.
- ix. **27I** Waste material consisting of incinerator ash or ash containing waste.

(h) Waste identification and definition of liquids include the following:

1. Liquid wastes; waste ID number and definitions:

- i. **72 Bulk liquid and semiliquids:** Liquid or a mixture consisting of solid matter suspended in a liquid media which is contained within, or is discharged from, any one vessel, tank or other container which has the capacity of 20 gallons or more. Not included in this waste classification are septic tank clean-out wastes and liquid sewage sludge.
- ii. **73 Septic tank clean-out wastes:** Pumpings from septic tanks and cesspools. Not included are wastes from a sewage treatment plant.
- iii. **74 Liquid sewage sludge:** Liquid residue from a sewage treatment plant consisting of sewage solids combined with water and dissolved materials.

2014 CPCN ANNUAL REPORT - FOR COLLECTORS AND BROKERS

PLEASE FILL IN ALL INFORMATION BELOW:

CHECK ALL THAT APPLY: COLLECTOR
 BROKER

1. INFORMATION

OFFICIAL COMPANY NAME: _____
(This is the name registered with the Division of Commercial Recordings)

STREET ADDRESS: _____

CITY, STATE, ZIP _____

OFFICE TELEPHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

FEIN (or LAST 4# OF SS# FOR SOLE PROPRIETOR): _____

EMAIL: _____

WEBSITE: _____

BILLING/MAILING ADDRESS: CHECK HERE IF SAME AS ABOVE:

STREET ADDRESS: _____

CITY, STATE, ZIP _____

2. LIST OFFICERS AND EQUITY HOLDERS: Check here if additional pages are attached

Name: _____	Title _____	Equity _____
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Name: _____	Title _____	Equity _____
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Name: _____	Title _____	Equity _____
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3. NAME OF REGISTERED AGENT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

4. **VEHICLE INFORMATION FOR YOUR WASTE TRANSPORTATION EQUIPMENT:**

Please provide the number of solid waste vehicles owned and operated by the CPCN holder.

- _____ NOT APPLICABLE (NO EQUIPMENT)
- _____ CABS (does not hold waste)
- _____ CONTAINERS
- _____ SINGLE UNIT VEHICLES (eg. roll offs, pickup trucks, vans)
- _____ TRAILERS

5. **DOES YOUR COMPANY USE A SOLID WASTE BROKER SERVICE?** NO YES: You must provide the information below for EACH COMPANY (label and attach a separate page if necessary):

Name of Broker: _____
Address: _____
City, State, Zip: _____
Broker's CPCN number: SW _____

Name of Broker: _____
Address: _____
City, State, Zip: _____
Broker's CPCN number: SW _____

Check here if additional pages are attached

6. **DOES YOUR COMPANY OR ITS PRINCIPALS HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND/OR LIENS?** NO YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: _____
Address: _____
City, State, Zip: _____

Provide a brief description: _____

Check here if additional pages are attached

7. **HAS ANY EMPLOYEE, ASSOCIATE, OFFICER OR EQUITY HOLDER HAD THEIR SOLID WASTE OPERATING AUTHORITY REVOKED OR SUSPENDED IN NEW JERSEY OR NEW YORK?** NO YES: You must provide the name and details concerning this revocation or suspension (label and attach a separate page if necessary):

Name: _____
Address: _____
City, State, Zip: _____

State(s) the revocation or suspension occurred: _____

Provide a brief description: _____

Check here if additional pages are attached

DISPOSAL INFORMATION

Please provide the information below for each disposal facility (landfills, transfer stations, rail facilities, incinerators) used by your company for calendar year 2014:

Name and Address of Disposal Facilities Used During 2014	Waste Type	Total Tons Disposed at Facility	Total Amount of Disposal Fee Paid to Facility	County Origin of Waste	Total Tons Picked up in County	Recycling Tax Paid	Gross Revenue

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

BROKER INFORMATION

If solid waste broker services have been provided, please provide the information below for calendar year 2014 for **EACH COUNTY**. You may prepare your own spreadsheet containing the below information in the same format:

_____ **COUNTY** (LIST ONLY 1 COUNTY PER FORM)

A	B	C	D	E	F
Client/Industry	Number of Locations	CPCN Number (SW#) of Solid Waste Hauler Used	Total Amount Billed to Client	Total Amount Paid to Hauler	Disposal Facility used by Hauler
<u>TOTALS</u>					

RELATED COMPANIES

List all related companies that operate in New Jersey and any related out-of-state disposal facility where New Jersey solid waste is sent. **Please include related brokers, collection companies, disposal facilities, truck leasing companies or real estate leasing companies.**

COMPANY NAME AND ADDRESS	TYPE OF SERVICE RELATED COMPANY PERFORMS	TOTAL FEE PAID TO RELATED COMPANY DURING 2014

FOR COLLECTORS ONLY

CUSTOMER SERVICE AREA INVENTORY

PURSUANT TO N.J.A.C. 7:26 H -5.9, **Please copy this form and submit a form for EACH COUNTY** in which the company collects solid waste.

_____ COUNTY (LIST ONLY 1 COUNTY PER PAGE)

County Name

- 1. Number of Scheduled Residential Customers: _____ (Not from Municipal Contracts)
- 2. Number of Scheduled Commercial Customers: _____
- 3. Number of Scheduled Industrial Customers: _____
- 4. Number of ON-CALL/ONE TIME Customers: _____
- 5. List all municipalities in this county, for which you have Municipal/Residential contracts and the approximate number of customers per municipality:

Municipality	Approximate Number of Customers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TARIFF UPDATE (2014)

This Tariff Update form must be completed by ALL WASTE TRANSPORTERS to update your original tariff. (Waste brokers are not required to complete the Tariff Update and should mark this page as N/A and go directly to page 12.)

This Tariff contains the terms and conditions and schedules of rates governing the services furnished by a public utility and holder/applicant of a Certificate of Public Convenience and Necessity for the collection of solid waste pursuant to N.J.A.C. 7:26h-4.2(a). **Please fill in all information below:**

1. TERRITORY SERVED

Solid waste collection services provided by this solid waste utility are in the counties of:
(check all that apply)

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> All New Jersey Counties | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Passaic |
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Hudson | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Mercer | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Union |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Morris | |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Ocean | |

By filing this updated Tariff Document, the Utility named above agrees to conform with all rules and regulations promulgated by the District Solid Waste Management plans and the NJ Department of Environmental Protection in accordance with N.J.S.A. 48:13A-1 et seq., and N.J.S.A. 13:1E-1 et seq.

2. HOURS OF OPERATION

The collection utility shall pick-up waste in accordance with the following schedule: _____

The collection utility will not pick-up waste of the following holidays: _____

When a scheduled collection day occurs on a listed holiday, collection will be made on the next scheduled collection day. In those cases where collection is scheduled on one collection-per-week basis, collection will be made as soon as possible.

3. METHOD OF BILLING

Please list the billing and payment procedures (example: invoicing) _____

4. TYPES OF SERVICE AND DETAILS

Please provide a detail list of the types of service(s), capacity of truck(s) or container(s), price and whether the dumping fee is included in price:

5. PLEASE PROVIDE YOUR SCHEDULE OF RATES IN THE APPROPRIATE CHART BELOW:

COLLECTION TARIFF (To be completed by Collectors)

CONTAINER SIZE	FREQUENCY OF PICK-UP	TOTAL CHARGE FOR SERVICE AND DISPOSAL
<i>Examples: 10 Yards</i>	<i>Examples: 1 X PER WEEK</i>	<i>Examples: \$450</i>
<i>20 Yards</i>	<i>2 X PER WEEK</i>	<i>\$1,200</i>
<i>20 Yards</i>	<i>4 X PER WEEK</i>	<i>\$2,000</i>

GROSS OPERATING REVENUE BY COUNTY

Please provide the Gross Operating Revenues derived from all solid waste collected and/or brokered in New Jersey during 2014.

TOTAL AMOUNT COLLECTED FROM EACH COUNTY SHOULD ADD UP TO GROSS OPERATING REVENUE.

County	2014 Collector Gross Revenue	2014 Brokering Gross Revenue
Atlantic		
Bergen		
Burlington		
Camden		
Cape May		
Cumberland		
Essex		
Gloucester		
Hudson		
Hunterdon		
Mercer		
Middlesex		
Monmouth		
Morris		
Ocean		
Passaic		
Salem		
Somerset		
Sussex		
Union		
Warren		

Total Gross Operating Revenue

During Calendar Year 2014: \$ _____ \$ _____
Collector Total Broker Total

Note: Gross Operating Revenues consist of reportable revenues as described on Page 2, which are derived from customer bills, fees, sales and services as well as interest.

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

CERTIFICATIONS

CUSTOMER BILL OF RIGHTS

I certify under penalty of the law that I have notified each of my Regularly Schedule Customers at least once this year that solid waste collection services in New Jersey are available on a competitive basis as provided in the Customer Bill of Rights and that I have provided each of my customers with a copy of the customer bill of rights in the form set forth at N.J.A.C. 7:26H-5.12(b). **The Customer Bill of Rights may be downloaded at: <http://www.nj.gov/dep/dshw/resource/custbillofrights.pdf>**

I am aware that there are penalties for failing to comply with the provisions of these regulations, including the possibility of a fine. I understand that, in addition to penalties, I will be responsible for penalties as set forth at N.J.S.A. 48:13A-12 and that violating any provisions of these regulations may be grounds for suspension or revocation of any Certificate of Public Convenience and Necessity for which I may now hold.

I, _____ hold the title of _____ and am duly
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

authorized to sign this Customer Bill of Rights on behalf of: _____
(OFFICIAL COMPANY NAME)

Print Name of Owner/Authorized Member Signature of Owner/Authorized Member Today's Date

CUSTOMER LISTS

Every utility engaged in the solid waste collection business and/or brokering in New Jersey must submit a completed Customer List each year with this completed report. N.J.A.C. 7:26H-5.9(c)1.i requires that the list contain all of the names and addresses for each (regularly scheduled) residential, commercial, industrial and institutional customers. (The list should be organized by municipality and sequentially numbered and set forth in numerical order by street address and the streets set forth in alphabetical order.) Additionally, the Department is requesting the frequency of service, a description of service and the rates charged.

***Companies are encouraged to submit customer list electronically when possible (eg. flash drive, pdf)**

I certify under penalty of law pursuant to N.J.A.C. 7:26H-5.9(c)1 that _____
has no regularly scheduled customers.

I, _____ hold the title of _____ and am duly
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

authorized to sign on behalf of: _____
(OFFICIAL COMPANY NAME)

Print Name of Owner/Authorized Member Signature of Owner/Authorized Member Today's Date

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

VERIFICATION AND OATH FOR 2014 ANNUAL REPORT FILING

NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO BUSINESS: _____

CONTACT NUMBER: _____

The 2014 Solid Waste Collector and Broker Annual Report must be certified by the oath of the person responsible for the preparation of the report, also known as the "Responder".

The 2014 Solid Waste Collector and Broker Annual Report must be verified and certified by the oath of the President or another principal general officer if other than the respondent

Oath To be made by the person responsible for preparation of this report:

(Insert name and title of REPONDENT)

makes oath that he/she has carefully examined the said report and to the best of their knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he/she believes that all other statements of fact contained in the said report are true, and that said report is a correct and complete statement of the business and affairs of the above named respondent during the reporting year.

(Signature of Report Preparer)

State of _____ County of _____ Sworn to and subscribed before me this _____ day of _____ 20____ _____ <small>Print Name of Notary Public or Officer Authorized to Administer Oath</small> _____ <small>Signature of Notary Public or Officer Authorized to Administer Oath</small> My Commission expires: _____ <p style="text-align: center;">Impression Stamp</p>

Supplemental Oath To be made by the Proprietor, Partner, President or other principal officer of the utility:

(Insert name of Owner or Officer and Title)

makes oath that he/she has carefully examined the foregoing report; that he/she believes that all statements of fact contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above named respondent and the operations of its property during the reporting year.

(Signature of Owner or Officer)

State of _____ County of _____ Sworn to and subscribed before me this _____ day of _____ 20____ _____ <small>Print Name of Notary Public or Officer Authorized to Administer Oath</small> _____ <small>Signature of Notary Public or Officer Authorized to Administer Oath</small> My Commission expires: _____ <p style="text-align: center;">Impression Stamp</p>

CERTIFICATION FOR COMPANIES CLAIMING ZERO GROSS OPERATION REVENUE

The certification below should only be filed by CPCN holders that are claiming zero gross operation revenue for calendar year 2014. You must also provide, in detail, the reason you are claiming zero.

ZERO GROSS OPERATING REVENUE CERTIFICATION:

I certify under the penalty of the law that this company's reportable Gross Operating Revenue as described on page 2, which are derived from fees, sales, services and interest from all solid waste collected in NEW JERSEY during 2014 was ZERO dollars (\$0.00).

I also acknowledge that review of financial records of my company may be performed at any time by NJDEP to verify zero gross operating revenue.

I, _____ hold the title of _____ and am
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

duly authorized to sign this Annual Report showing Zero Gross Operating Revenue on behalf

of: _____.
(OFFICIAL COMPANY NAME)

Print Name of Owner/Authorized Member Signature of Owner/Authorized Member Today's Date

PROVIDE REASON(S) FOR REPORTING ZERO GROSS ANNUAL REVENUE:



IMPORTANT NOTICE:

If your company is NO LONGER in business, please use this form to SURRENDER your CPCN, A-901 and Decals. DO NOT complete if your company will continue to engage in New Jersey's solid waste industry.

Notice of Surrender

Surrender of CPCN, A-901 License and/or Solid Waste Transporter Decals

Please read carefully, and fill in all information below:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP _____

I, _____, hold the title of _____
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

and am duly authorized to sign this Notice of Surrender on behalf of _____
(COMPANY NAME)

I hereby notify the New Jersey Department of Environmental Protection that I am voluntarily surrendering the Certificate of Public Convenience and Necessity, A-901 License, and all transporter decals issued to _____, effective immediately, since I no longer intend to engage in the solid and/or hazardous waste business in New Jersey.

I agree with this statement and am aware that I must reapply and submit a new disclosure statement in the future if I intend to re-enter the solid and/or hazardous waste business in New Jersey.

Print Name of Owner/Authorized Member

Signature of Owner/Authorized Member

Today's Date

Please check all applicable boxes below and print the correct NUMBERS as indicated:

Certification of Public Convenience & Necessity (CPCN)	<input type="checkbox"/> YES: SW _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
NJDEP Solid Waste Transporter Number (SW Hauler ID)	<input type="checkbox"/> YES: SW ID# _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
NJDEP Hazardous Waste Transporter Number (HW Hauler ID)	<input type="checkbox"/> YES: HW ID# _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CURRENT Waste Transporter Decals*	<input type="checkbox"/> YES*: # of SW: _____ HW: _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Decals that you placed on Leased Vehicles/Equipment*	<input type="checkbox"/> YES*	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

***If you have transporter decals placed on any containers, vehicles and/or equipment, these decals are inactive upon signature and must be removed immediately.**

Decals, cab cards and this complete form should be mailed to: **NJDEP, Planning and Licensing, 401 E. State St., Mail Code: 401-02C, Trenton, New Jersey 08625-0420; Attn: CPCN Unit**