

SOLID WASTE ORIGIN AND DISPOSAL FORM**A. Transporter Section:** To be completed by the TRANSPORTER PRIOR to TRANSPORT to the DISPOSAL SITE

1. Name of Registered Transporter _____		Phone No. _____		2. NJDEP Registration No. _____	
Check one that applies →					
3. Type of Transporter Registration		<input type="checkbox"/> A-901 License	<input type="checkbox"/> Registered Self-Generator	<input type="checkbox"/> Registration Exempt	4. Waste Self-Generated <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Name of LEASOR if the Solid Waste VEHICLE is Leased: _____					
6. <u>Decal No.</u>	<u>Type</u>	<u>License Plate</u>	<u>Capacity/CY</u>	<u>Vehicle Leased</u> Circle one	7. A. <u>Waste Type</u> (Please Circle)
	CAB or SINGLE UNIT			Yes No	ID 107 ID 108 ID 13 ID 13C ID 13L
	CONTAINER	N / A		Yes No	ID 23 ID 25 ID 27 ID 27A ID 272
	TRAILER			Yes No	Other : _____
8. Transporter to Complete Waste Origin Information				B. <u>Source Separated Recyclables</u> (Please Circle)	
<u>Municipality (ies)</u>		<u>County (ies)</u>	<u>State</u>	<u>% of Load</u>	
			NJ		
			NJ		
			NJ		
			NJ		
				Other : _____	
9. Date Waste Collected _____					
10. Transporter's Certification: <u>I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE</u>					
PRINT DRIVERS NAME _____			DRIVER'S SIGNATURE _____		DATE _____

7/12/2012 BJS

B. DISPOSAL DESTINATIONS

TRANSPORTER COMPLETES 11 & 12	
11. Final Disposal Facility Name & State	Monmouth County Reclamation Center New Jersey (M.C.R.C. N.J.)
12. Non Hazardous Manifest #, Bill of Lading #, or Pull Ticket #	_____
WEIGH-MASTER COMPLETES 13 through 17	
13. In State weigh location	Monmouth County Reclamation Center (M.C.R.C.)
14. GROSS WGT. _____	NET WGT. (In State Disposal only) _____
15. Scale Ticket # (In State Disposal Only) _____	
16. Weigh-master's Certification: <u>I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE GROSS WEIGHT FIGURE IS TRUE AND ACCURATE FOR THE LOADS GOING OUT OF STATE.</u>	
SIGNATURE: _____ DATE: _____	

C. IN STATE DISPOSAL FACILITY SECTION (To be completed by facility operator for loads disposed of in State only)

17. New Jersey Receiving Facility Operator Certification: <u>I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE WASTE AS IDENTIFIED BY THE TRANSPORTER IS PERMITTED TO BE DISPOSED AT THIS FACILITY.</u>	
Receiving Facility Permit or ID# 1336F	DATE _____ TIME _____ OPERATOR'S STAMP OR SIGNATURE _____

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