| Initial Application to Become a Registered Solid Waste Transporter – Public Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|------|-------|-----------|-------|------|------|-------|------|-----|------|------|------|-------|-------|-----|-------|------|-------|-------|-------|-------------|------|-------|-----|--|--|--|
| FOR NJDEP Use On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıly:  |       | NJD  | ЭЕР   | Reg       | istra | tion | #:   |       |      |     |      |      |      |       | NJI   | EMS | S Pro | grar | n In  | teres | st #: |             |      |       |     |  |  |  |
| Entity Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Alternate Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       | Sta  | te:   |       |       | Z           | Zip: |       |     |  |  |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       | Sta  | te:   |       |       | Z           | zip: |       |     |  |  |  |
| Contact Name-Last:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       | Fir  | rst:  |       |       |             |      |       |     |  |  |  |
| Office Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |       |      | -     |           |       |      | -    |       |      |     |      |      |      |       | F     | ax: |       |      |       | -     |       |             |      | -     |     |  |  |  |
| Cell Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |      | -     |           |       |      | -    |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Entity Type (Circle One): Municipality County State Government Authority Federal Government Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Type of Insurance Coverage (Circle One): Commercial Liability MCS-90 MCS-82 Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Insurance Company Name:     Policy #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Waste To Be Transported (Circle ALL That Apply): <b>10</b> - Municipal (Household, Commercial & Institutional) <b>12</b> - Dry Sewage Sludge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| 13 - Bulky Waste13C Construction & Demolition23 - Vegetative Waste25 - Animal & Food Processing Wastes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| 27 - Dry Industrial       72 - Bulk Liquids & Semi Liquids       73 - Septic Tank Clean Out Waste       74 - Liquid Sewage Sludge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Regulated Medic<br>Generated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       |      |       | F         | Regu  | late | d Me | edica | al W | ast | te – | Self | f-Ge | ene   | erate | d   |       |      |       | Ra    | diop  | harr        | nac  | eutio | als |  |  |  |
| Previous NJDEP reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gistr | atior | n# ( | (If a | oplic     | able  | ):   |      |       |      |     |      |      |      |       | C     | PCN | l Nu  | mbe  | r (lf | appl  | icab  | le):        | S    | w     |     |  |  |  |
| <b>CERTIFICATION:</b> I hereby certify that the foregoing statements are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment which may take the form of monetary penalties or revocation. I will notify the Department, in writing, of any changes to the information within this registration statement within thirty days. Furthermore, I certify that I am responsible for providing insurance for any leased equipment for public liability and environmental restoration for any equipment that the Lessor has registered with the Department of Environmental Protection to transport solid and/or hazardous waste, whether it is owned or leased. I authorize the New Jersey Department of Environmental Protection to confirm liability coverage with my insurance company. I further certify my company has the proper authority to operate on the public highways. |       |       |      |       |           |       |      |      |       |      |     |      |      |      |       |       |     |       |      |       |       |       |             |      |       |     |  |  |  |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       | -    |       | Signature |       |      |      |       |      |     |      |      |      | Title |       |     |       |      |       |       |       | Date Signed |      |       |     |  |  |  |

| EQUIPMENT: Please list below each piece of equipment to be used for transporting waste. For all such equipment (except containers) YOU MUST INCLUDE A COPY OF MOTOR VEHICLE REGISTRATION AND PROOF OF INSURANCE Passenger or Pass-Comm vehicle registrations are not acceptable.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                                                   |                                                    |                                            |                                                                          |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|--|--|--|--|--|--|
| <ul> <li>VIN - Vehicle Identification Number as it appears on the<br/>Motor Vehicle registration</li> <li>OVERNIGHT ADDRESS - where vehicle is parked overnight</li> <li>STATE – which issued motor vehicle registration</li> <li>LICENSE PLATE NO. – Permanent License Plate Number</li> </ul> | <ul> <li>ventilize the second state of the second state in the second state of the</li></ul> |                                                     |                                                   |                                                    |                                            |                                                                          |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                 | Vehicl<br>Type<br>(Circle<br>Letter)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | * Lice                                              |                                                   | State                                              | Leased<br>YES* or NO<br>(Circle<br>Answer) | DEP USE<br>ONLY<br>DECAL #                                               |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| VIN:<br>OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):                                                                                                                                                                                                                        | S<br>M<br>T<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                   |                                                    | Yes<br>No                                  |                                                                          |  |  |  |  |  |  |
| Quantity of "Container Only" Decals Needed:                                                                                                                                                                                                                                                     | XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | XXXX                                                |                                                   |                                                    | YES OR NO                                  |                                                                          |  |  |  |  |  |  |
| EQUIPMENT TOTALS: SINGLE (S): CAB (M):                                                                                                                                                                                                                                                          | TRAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LER (T):                                            |                                                   | CONTA                                              | INER (C):                                  |                                                                          |  |  |  |  |  |  |
| DO NOT SUBMIT PAYMENT AT THISTIME*Vehicle TypYou will be mailed a bill (invoice) automatically<br>from the Department of the Treasury's Revenue<br>Office. Upon receipt of your invoice, you can go*Use Letter                                                                                  | R<br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Decals<br>obtained<br>between<br>5/1/11-<br>4/30/12 | Decals<br>obtaine<br>between<br>5/1/12<br>4/30/11 | ed obtained<br>n between<br>- 5/1/13-<br>3 4/30/14 | <i>between</i><br>5/1/14-<br>4/30/15       | <i>Decals</i><br><i>obtained</i><br><i>between</i><br>5/1/15-<br>4/30/16 |  |  |  |  |  |  |
| online at http://www.nj.gov/dep/online/ and pay<br>with e-check, credit card or mail payment<br>directly to <b>REVENUE</b> at the address listed on<br>Trailer ( <b>T</b> )                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$178<br>\$178<br>\$178                             | \$144<br>\$80<br>\$120                            | \$60                                               | \$72<br>\$40<br>\$60                       | \$36<br>\$20<br>\$30                                                     |  |  |  |  |  |  |

Container (C) Cab Card Replacement

the invoice. NJDEP will then mail your decals.

\$22

\$10

\$22

\$10

\$22

\$10

\$22

\$10

\$22

\$10

## Initial Application to Become Registered as Solid Waste Transporter – Public Entity Checklist

Public Entity Name:

□ Initial Application: Accurately completed and Signed Original form (2 Pages)

□ Insurance: VALID copies of applicable insurance information *FOR ALL VEHICLES* □ Valid Motor Vehicle Insurance Card or other documentation if self insured

## □ Motor Vehicle Registration(s): VALID copies FOR ALL VEHICLES

Motor Vehicle registration must indicate that the vehicle is registered as a Public Entity and display the name of the Public Entity. For all equipment not registered under the name of the NJDEP registrant or for any lease equipment, see next requirement under LEASED VEHICLES

## LEASED VEHICLES You must submit both:

 Copy of written lease agreement <u>AND</u>
 Original *Revised* NJDEP Lease Certification for ALL leased vehicles See: <u>http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm</u>

## **<u>This COMPLETED Checklist</u>**

Please mail the **<u>original</u>** application along with **<u>legible copies</u>** of all required documentation listed above to:

New Jersey Department of Environmental Protection Division of Licensing Operations, Solid Waste and Pesticide Enforcement Bureau of Solid Waste Compliance and Enforcement 9 Ewing Street, Mail Code 09-01 Trenton, NJ 08625-0420