

2024 ANNUAL UPDATE

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New Jersey Department of Law & Public Safety, Division of Law
Environmental Permitting and Licensing Section

ATTENTION: A901 Unit

25 Market Street, P.O. Box 093 Trenton, New Jersey 08625-0093
Ruth Wells; Nadine Gonzalez; Erin Finter # 609-376-3270

A901MAIL@LAW.NJOAG.GOV

COMPANY NAME: _____

ALTERNATE OR TRADE NAMES _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHYSICAL ADDRESS: _____

COMPANY PHONE NUMBER: _____

COMPANY EMAIL ADDRESS: _____

COMPANY WEBSITE: _____

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS (Provide the contact information for an Attorney, Owner, Key Employee, or Solid Waste Consultant who can discuss company information. Provide ONE email address.):

NAME: _____

TITLE: _____

OFFICE PHONE: _____ CELL PHONE: _____

EMAIL: _____

**A-901 Licensed Companies AND A-901 Applicants
must submit this update by November 1, 2023.**

WE ARE ACCEPTING ELECTRONIC SIGNATURES THIS YEAR ON THE UPDATE.

INSTRUCTIONS

THE PURPOSE OF THIS FORM IS TO UPDATE THE ORIGINAL DISCLOSURE STATEMENTS AND ANY ANNUAL UPDATES THAT YOUR COMPANY FILED WITH THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION. N.J.A.C. 7:26-16.6(C).

YOU **MUST** RESPOND TO EVERY QUESTION, EVEN IF THE ANSWER HAS NOT CHANGED SINCE YOUR LAST UPDATE. INADVERTENT OMISSIONS WILL REFLECT POORLY ON YOUR COMPANY'S RELIABILITY, INTEGRITY, COMPETENCY, & EXPERTISE AND COULD CONSTITUTE GROUNDS FOR DENIAL OF YOUR A901 APPLICATION OR REVOCATION OF YOUR A901 LICENSE. N.J.S.A. 13:1E-133(A). DELIBERATE CONCEALMENT OF ANY INFORMATION CONSTITUTES GROUNDS FOR IMMEDIATE DENIAL OR REVOCATION. N.J.S.A. 13:1E-134.

NEW: IF YOU FILED A COMPLETE A901 LICENSE APPLICATION PRIOR TO MAY 1st OF **2023** AND ARE AWAITING A LICENSING DETERMINATION, YOU MUST COMPLETE AND SUBMIT THIS UPDATE. IF YOU FILED YOUR COMPLETE A901 LICENSE APPLICATION ON OR AFTER MAY 1st OF **2023** AND ARE AWAITING A LICENSING DETERMINATION, YOU DO NOT NEED TO COMPLETE AND SUBMIT THIS UPDATE.

NEW: PLEASE ANSWER EVERY QUESTION. MOST QUESTIONS HAVE A "YES" OR "NO" RESPONSE. IF THAT CHOICE IS NOT AVAILABLE FOR A QUESTION AND THE QUESTION DOES NOT PERTAIN TO YOU PLEASE ANSWER WITH EITHER "NO," "NONE," "NOT APPLICABLE" OR "N/A" AS APPROPRIATE. WHERE "NOT APPLICABLE" OR "N/A" IS USED AS AN ANSWER, THE A901 UNIT MAY REACH OUT FOR MORE INFORMATION OR CLARIFICATION, WHICH YOU MUST PROVIDE. DO NOT LEAVE ANY QUESTIONS BLANK.

NEW: UPDATE REGARDING NOTARIZATION. PURSUANT TO THE NEW JERSEY NOTARY PUBLIC MANUAL ISSUED BY THE NEW JERSEY DEPARTMENT OF THE TREASURY, DIVISION OF REVENUE AND ENTERPRISE SERVICES, YOU ARE PROHIBITED FROM HAVING THIS DOCUMENT NOTARIZED BY A SPOUSE, CIVIL UNION PARTNER, OR ANY OTHER INDIVIDUAL WHO HAS A DIRECT BENEFICIAL INTEREST IN THE BUSINESS FOR WHICH YOU ARE FILING THIS UPDATE. SEE NEW JERSEY NOTARY PUBLIC MANUAL, CHAPTER 3: "QUALIFICATIONS FOR OFFICE, SCOPE OF AUTHORITY, AND PROHIBITED ACTS."

INCOMPLETE UPDATE FORMS WILL BE RETURNED. FAILURE TO SUBMIT A COMPLETE ANNUAL UPDATE WILL RESULT IN SUSPENSION OF YOUR NJDEP EQUIPMENT DECALS, FOLLOWED BY REVOCATION OF YOUR A901 LICENSE. N.J.S.A. 13:1E-128(B), N.J.A.C. 7:26-3.2(F)(1).

IF YOUR COMPANY USES OR PLANS TO USE ANY TRADE NAME OR ALTERNATE NAME, YOU MUST REGISTER THE NAME IN ACCORDANCE WITH N.J.S.A. 14A:2-21 (FOR CORPORATIONS), N.J.S.A. 42:2B-4 (FOR LIMITED LIABILITY COMPANIES) OR N.J.S.A. 42:2A-6.1 (FOR LIMITED PARTNERSHIPS). LIST ALL ALTERNATE NAMES AND ATTACH PROOF OF REGISTRATION.

PREVIOUS TRADE NAMES USED BY COMPANY

(Attach additional pages as necessary.)

Previously used Name _____

From (month/yr) Until (month/yr) _____

NEW: CORPORATE CHARTER AND CERTIFICATE OF ANNUAL REPORT AND RECEIPT (REQUIRED)

YOU MUST CONFIRM THAT YOUR COMPANY IS UP TO DATE IN FEE AND TAX PAYMENTS WITH THE DEPARTMENT OF TREASURY IN ORDER TO KEEP YOUR COMPANY IN "ACTIVE STATUS." YOU CAN CHECK THE STATUS HERE:

<https://www.njportal.com/DOR/AnnualReports/Business?sessionType=Reinstatement>

Once you have entered the website, please enter the following information to locate your account page and view your status:

1. NJ Corporate Filing Number.
2. Choose the type of company for which you or your company are registered.
3. Enter the Month and Year your company was created.
4. Confirm that your information is correct, including the owners/officers of the company and that the current mailing address is correct.
5. Pay any fees that are due and associated with your company.
6. When complete you will be provided a Certificate of Annual Report **and** a receipt. **Both** documents **MUST** be filed with your yearly update by November 1st. If you have Completed this step within the last 12 months please provide a copy of the most recent annual report. WE WILL NOT ACCEPT REPORTS THAT ARE OLDER THAN 12 MONTHS (i.e., Reports issued prior to November 1, 2022).

CIRCLE THE FORM IN WHICH YOU DO BUSINESS

LLC

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

EXISTING REGISTRATIONS/PERMITS/IDs :

NJ CORPORATE FILING #: _____ FEID #: _____

NJDEP TRANSPORTER/HAULER ID #: _____ PI #: _____
LOCATED ON THE BOTTOM OF YOUR A901 LICENSE

CPCN #: SW _____

USDOT #: _____ USEPA #: _____

LIST ALL STATES OTHER THAN NEW JERSEY WHERE THE COMPANY IS LICENSED :

(Attach additional pages as necessary)

STATE	LICENSE NO #:
1. _____	_____
2. _____	_____
3. _____	_____

EQUIPMENT AND DRIVERS
 (Attach additional pages as necessary.)

HOW MANY PIECES OF EQUIPMENT, AND HOW MANY DRIVERS, DOES YOUR COMPANY USE FOR WASTE TRANSPORTATION IN NEW JERSEY?

SINGLE UNITS _____ CABS _____ TRAILERS _____
 CONTAINERS _____ DRIVERS _____

LEASES

DO YOU CURRENTLY LEASE EQUIPMENT OR DRIVERS? YES NO

IF THE ANSWER IS YES, COMPLETE THE FOLLOWING INFORMATION:

- (a) **DRIVERS.** DOES THE LESSOR LEASE TWENTY OR MORE DRIVERS TO YOUR COMPANY?
 YES NO
- (b) **EQUIPMENT AND DRIVERS.** DOES THE LESSOR LEASE TEN OR MORE PIECES OF EQUIPMENT **AND** TEN OR MORE DRIVERS TO YOUR COMPANY?
 YES NO
- (c) **TWENTY PERCENT THRESHOLD.** DOES THE LESSOR LEASE TEN OR MORE PIECES OF EQUIPMENT TO YOUR COMPANY **AND** DOES THAT LEASED EQUIPMENT CONSTITUTE AT LEAST TWENTY PERCENT OF YOUR COMPANY'S TOTAL EQUIPMENT?
 YES NO

IF ANY OF THE COMPANIES YOU LEASE EQUIPMENT OR DRIVERS FROM MEET **ANY** OF THE THREE CRITERIA ABOVE, THE LICENSEE MUST HAVE THAT LESSOR FILE A BUSINESS CONCERN DISCLOSURE STATEMENT FOR LESSORS, AS WELL AS PERSONAL HISTORY DISCLOSURE STATEMENTS FOR ALL OWNERS, DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THAT LESSOR. N.J.A.C. 7:26-16.6(I), (J) AND (K). These forms are available at <https://www.nj.gov/dep/dshw/a901/a901frms.htm>.

1. NAME OF LESSOR: _____
 ADDRESS: _____
 CONTACT PERSON: _____ PHONE #: _____
 # OF PIECES OF EQUIPMENT LEASED: _____ # OF DRIVERS LEASED: _____

YOU MUST OBTAIN THE LESSOR'S OPERATING STATUS AND SAFETY RATING FROM USDOT'S SAFER WEBSITE AT [HTTP://SAFER.FMCSA.DOT.GOV/COMPANYSNAPSHOT.ASPX](http://safer.fmcsa.dot.gov/companysnapshot.aspx) AND PROVIDE THEM BELOW.

OPERATING STATUS: _____ SAFETY RATING _____

N.J.A.C. 7:26-3.2(L) REQUIRES YOUR COMPANY TO SELECT LESSORS WITH APPROPRIATE QUALIFICATIONS. LESSORS WITH AN OPERATING STATUS OF OUT-OF-SERVICE OR NOT AUTHORIZED, OR WITH A SAFETY RATING OF UNSATISFACTORY, DO NOT MEET THIS STANDARD. USING LESSORS WITHOUT THESE NECESSARY QUALIFICATIONS IS A VIOLATION OF N.J.A.C. 7:26-3.2(L).

DEFINITIONS

DEBT HOLDER: Any individual or company that holds any debt liability in the company that is not a chartered lending institution.

KEY EMPLOYEE: Means any individual employed or otherwise engaged by the applicant, the permittee or the licensee in a supervisory capacity or empowered to make discretionary decisions with respect to the solid waste, hazardous waste, or soil and fill recycling operations of the business concern; any family member of an officer, director, partner, or key employee, employed or otherwise engaged by the applicant or permittee; or any broker, consultant or sales person employed or otherwise engaged by, or who do business with, the applicant, permittee, or licensee, with respect to the solid waste, hazardous waste, or soil and fill recycling operations of the business concern; but shall not include (1) employees, who are not family members, exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, transfer or disposal of solid waste or hazardous waste, or the provision of soil and fill recycling services; or (2) a sales person employed by a publicly traded corporation or a direct or indirect subsidiary of a publicly traded corporation.

FAMILY MEMBER: means spouse, domestic partner, partner in a civil union, child, parent, sibling, aunt, uncle, niece, nephew, first cousin, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother, or half-sister, whether the individual is related by blood, marriage, or adoption. YOU MUST LIST ANY FAMILY MEMBER THAT WORKS FOR THE COMPANY REGARDLESS OF THE POSITION THEY HOLD WITHIN THE COMPANY AND REGARDLESS OF WHETHER THEY RECEIVE PAYMENT FOR THEIR SERVICES. A FAMILY MEMBER OF ANY OFFICER, DIRECTOR, PARTNER, OR OTHER KEY EMPLOYEE OF THE COMPANY IS A KEY EMPLOYEE.

Depending on their relationship to you or your Company and the type of work they do or services they provide, you may need to list an individual multiple times in this form. Do not leave any sections blank, even if they do not pertain to you or your company. Be sure to indicate "None," or "not applicable" where appropriate.

SOLE PROPRIETORSHIP

1. NAME OF MEMBER: _____
 SS #: _____
 DATE OF BIRTH: _____
 JOB TITLE: _____
 DATE THAT INTEREST WAS OBTAINED: _____ % OF INTEREST: _____

DEBT HOLDERS

(Attach additional pages as necessary.)

1. NAME OF DEBT HOLDER: _____
 SS #: _____ DATE OF BIRTH: _____
 BALANCE OF AMOUNT OWED: \$ _____ FEID #: _____
 DATE OF DEBT: _____ TO _____ % OF INTEREST: _____

EQUITY HOLDERS: INDIVIDUALS OR NAME OF PARENT COMPANY

(Attach additional pages as necessary)

1. INDIVIDUAL OR NAME OF PARENT COMPANY: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

2. INDIVIDUAL OR NAME OF PARENT COMPANY: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

OFFICERS

(Attach additional pages as necessary.)

1. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

2. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

3. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

DIRECTORS

(Attach additional pages as necessary)

1. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

2. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

3. NAME: _____

SS #: _____ DATE OF BIRTH: _____

TITLE: _____ % OF INTEREST: _____

LLC MEMBERS

(Attach additional pages as necessary.)

1. NAME: _____
SS #: _____ DATE OF BIRTH: _____
TITLE: _____ % OF INTEREST: _____
2. NAME: _____
SS #: _____ DATE OF BIRTH: _____
TITLE: _____ % OF INTEREST: _____
3. NAME: _____
SS #: _____ DATE OF BIRTH: _____
TITLE: _____ % OF INTEREST: _____

FAMILY MEMBERS

(Attach additional pages as necessary.)

List any family member of any officer, director, partner, or key employee who is employed or otherwise engaged by the Company. List the percentage of interest that family member holds in the Company.

1. NAME OF INDIVIDUAL: _____
SS #: _____ DATE OF BIRTH: _____ % OF INTEREST: _____
2. NAME OF INDIVIDUAL: _____
SS #: _____ DATE OF BIRTH: _____ % OF INTEREST: _____
3. NAME OF INDIVIDUAL: _____
SS #: _____ DATE OF BIRTH: _____ % OF INTEREST: _____

KEY EMPLOYEES

(Attach additional pages as necessary.)

List any individual who meets the definition of KEY EMPLOYEE below. The definition is provided at the top of Page 5 and is also available at N.J.S.A. 13:1E-127(f).

- 1. NAME OF KEY EMPLOYEE _____
JOB TITLE: _____
SS #: _____ DATE OF BIRTH: _____ START DATE: _____

- 2. NAME OF KEY EMPLOYEE _____
JOB TITLE: _____
SS #: _____ DATE OF BIRTH: _____ START DATE: _____

- 3. NAME OF KEY EMPLOYEE _____
JOB TITLE: _____
SS #: _____ DATE OF BIRTH: _____ START DATE: _____

SALES PERSONS

(Attach additional pages as necessary.)

List any individual employed by your company who makes or arranges for sales for the applicant with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company with New Jersey. N.J.S.A. 13:1E-127(f).

- 1. NAME: _____
SS #: _____ DATE OF BIRTH: _____

- 2. NAME: _____
SS #: _____ DATE OF BIRTH: _____

CONSULTANTS

(Attach additional pages as necessary.)

List any person who performs functions for the applicant, who does not already hold a professional license from the State of New Jersey.

- 1. NAME: _____
SS #: _____ DATE OF BIRTH: _____
FEID #: _____ % OF INTEREST: _____

DEBARRED INDIVIDUALS

IS YOUR COMPANY INVOLVED WITH ANY INDIVIDUALS WHO HAVE BEEN DEBARRED UNDER THE A-901 STATUTE? AN INDIVIDUAL IS CONSIDERED TO BE INVOLVED WITH YOUR COMPANY IF THEY ARE EMPLOYED BY THE COMPANY AND/OR ACT AS A DIRECTOR, OFFICER, KEY EMPLOYEE, BROKER, CONSULTANT, LANDLORD, TENANT, DEBTHOLDER, OR EQUITY HOLDER. THE INDIVIDUAL MAY BE EITHER PAID OR UNPAID FOR THEIR SERVICES.

CIRCLE ONE: YES NO

(If you answered NO, proceed to OWNERSHIP CHART.)

LIST ALL INDIVIDUALS INVOLVED WITH THIS COMPANY IN ANY CAPACITY WHATSOEVER WHETHER AS EMPLOYEE, INDEPENDENT CONTRACTOR, CONSULTANT, BROKER, LANDLORD, TENANT, DEBTHOLDER OR EQUITY HOLDER WHO HAVE EVER BEEN DEBARRED FROM THE NEW JERSEY OR NEW YORK WASTE INDUSTRIES. YOU CAN FIND A LIST OF THE INDIVIDUALS DEBARRED FROM THE NEW JERSEY WASTE INDUSTRY AT [HTTP://WWW.STATE.NJ.US/DEP/DSHW/A901/A901FRMS.HTM](http://www.state.nj.us/dep/dshw/a901/a901frms.htm) AND FROM NEW YORK AT: [HTTPS://WWW1.NYC.GOV/SITE/BIC/INDEX.PAGE](https://www1.nyc.gov/site/bic/index.page). Attach additional pages as necessary.

NAME: _____

INVOLVEMENT: _____

DATE OF BIRTH: _____

How is the debarred individual involved in your company?

OWNERSHIP CHART

PROVIDE A CHART DETAILING THIS COMPANY'S OWNERSHIP STRUCTURE.

IF THE LICENSEE/APPLICANT IS A SUBSIDIARY OF A PARENT CORPORATION, OR IS THE PARENT OF ONE OR MORE SUBSIDIARIES, OR IS PART OF A CONGLOMERATE OR A GROUP OF COMPANIES IN COMMON OWNERSHIP, SUPPLY A CHART SHOWING THE NAMES, FEID NUMBERS AND RELATIONSHIPS OF ALL PARENT, SISTER, SUBSIDIARY AND AFFILIATE CORPORATIONS, AND/OR MEMBERS OF THE CONGLOMERATE OR GROUP. INCLUDE ULTIMATE PARENTS. THIS QUESTION APPLIES TO RELATED COMPANIES IN **ANY** BUSINESS, NOT JUST THE SOLID WASTE OR HAZARDOUS WASTE BUSINESS.

UPDATE OF CIVIL LITIGATION AND JUDGMENTS

ARE THERE ANY JUDGMENTS AGAINST YOUR COMPANY?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

JUDGMENTS. LIST ALL JUDGMENTS OF LIABILITY **IN EXCESS OF \$60,000** RENDERED AGAINST YOUR COMPANY SINCE THE SUBMISSION OF YOUR LAST UPDATE. YOU NEED NOT LIST "SLIP AND FALL" CASES OR CASES ARISING OUT OF AUTOMOBILE OR TRUCK ACCIDENTS IF NO FATALITY OCCURRED. ATTACH ADDITIONAL PAGES, AS NECESSARY.

CAPTION OF CASE: _____

DOCKET #: _____ VENUE: _____

DATE JUDGMENT OR ORDER ENTERED: _____

AMOUNT OF JUDGMENT: \$ _____

DESCRIPTION OF CASE

IS THERE ANY PENDING LITIGATION AGAINST YOUR COMPANY?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

PENDING LITIGATION. LIST ALL CIVIL SUITS AND ARBITRATION CASES IN WHICH YOUR COMPANY IS PRESENTLY INVOLVED AS A PARTY. YOU NEED NOT LIST "SLIP AND FALL" CASES; CASES ARISING OUT OF AUTOMOBILE OR TRUCK ACCIDENTS IF NO FATALITY OCCURRED; OR SUITS SEEKING LESS THAN \$60,000 IN DAMAGES WHERE NO OTHER RELIEF IS SOUGHT. ATTACH ADDITIONAL PAGES, AS NECESSARY.

CAPTION OF CASE: _____

DOCKET #: _____ VENUE: _____

DESCRIPTION OF CASE:

BANKRUPTCY

HAVE YOU OR YOUR COMPANY CLAIMED BANKRUPTCY OR ARE IN THE PROCESS OF CLAIMING BANKRUPTCY SINCE YOUR LAST UPDATE?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

VENUE: _____

DOCKET #: _____

CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

EACH **NEW INDIVIDUAL** WHOSE SOCIAL SECURITY NUMBER IS LISTED IN THE INVOLVED INDIVIDUALS SECTION MUST SUBMIT A SIGNED COPY OF THIS FORM.

I, _____
HEREBY CERTIFY THAT I HAVE READ THE NOTICE ON THIS PAGE AND I CONSENT TO THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER FOR THE LIMITED PURPOSES SET FORTH THEREIN.

NOTICE REQUIRED UNDER SECTION 7(B) OF THE FEDERAL PRIVACY ACT OF 1974

UNDER SECTION 7(B) OF THE PRIVACY ACT OF 1974, 5 U.S.C. 552A(NOTE), ANY GOVERNMENT AGENCY THAT ASKS AN INDIVIDUAL TO DISCLOSE HIS OR HER SOCIAL SECURITY ACCOUNT NUMBER MUST INFORM THAT INDIVIDUAL BY WHAT STATUTORY OR OTHER AUTHORITY SUCH NUMBER IS SOLICITED, WHAT USES WILL BE MADE OF IT, AND WHETHER THE DISCLOSURE IS MANDATORY OR VOLUNTARY.

THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION IS AUTHORIZED TO REQUEST SOCIAL SECURITY NUMBERS BY N.J.S.A. 13:1E-127(E), THE SECTION OF THE A901 STATUTE THAT DEFINES THE EXTENT OF DISCLOSURE REQUIRED UNDER THE A901 LICENSURE PROGRAM. AN APPLICANT'S SOCIAL SECURITY NUMBER IS USED AS A SECONDARY IDENTIFIER WHEN THE STATE POLICE CONDUCT CHECKS OF CRIMINAL HISTORY RECORDS MAINTAINED BY THE STATE AND FEDERAL GOVERNMENTS. WHEN THE STATE POLICE OBTAIN RECORDS FROM OUTSIDE SOURCES, THE SOCIAL SECURITY NUMBER MAY BE USED TO DETERMINE WHETHER THE RECORDS PERTAIN TO THE INDIVIDUAL UNDER INVESTIGATION.

THE LISTING OF SOCIAL SECURITY NUMBERS ON THE DISCLOSURE FORMS IS VOLUNTARY. UNDER SECTION 7(A) OF THE FEDERAL PRIVACY ACT OF 1974, THE DEPARTMENT CANNOT DENY AN A901 APPLICATION, REVOKE AN A901 LICENSE OR IMPOSE ANY PENALTY BECAUSE OF AN INDIVIDUAL'S REFUSAL TO DISCLOSE HIS OR HER SOCIAL SECURITY NUMBER. HOWEVER, CONFIRMATION OF IDENTIFICATION AND CRIMINAL HISTORY RECORDS WITHOUT A SOCIAL SECURITY NUMBER MAY TAKE LONGER, WHICH WOULD LENGTHEN THE STATE POLICE INVESTIGATION AND THEREBY LENGTHEN A DECISION ON LICENSURE.

SIGNATURE

DATE

PRINTED NAME

YOU MUST SIGN AND NOTARIZE THE LAST TWO PAGES OF THIS DOCUMENT



RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, BANKS, FINANCIAL AND OTHER SUCH INSTITUTIONS, LAW ENFORCEMENT AGENCIES, MILITARY RECORDS CUSTODIANS, CREDIT REPORTING AGENCIES TAXATION AUTHORITIES (INCLUDING THE I.R.S.) AND FOREIGN AND DOMESTIC GOVERNMENTAL AGENCIES (FEDERAL, STATE AND LOCAL), AND ANY OTHER INSTITUTION OR PERSON WITHOUT EXCEPTION:

ON BEHALF OF _____
(COMPLETE NAME OF BUSINESS ENTITY)

I, _____
(NAME OF AUTHORIZED INDIVIDUAL)

AUTHORIZE THE ATTORNEY GENERAL OF NEW JERSEY TO CONDUCT AN INVESTIGATION INTO THE BACKGROUND OF THE SAID ENTERPRISE FOR THE PURPOSE OF DETERMINING THE FITNESS OF THE ENTERPRISE TO PARTICIPATE IN THE NEW JERSEY WASTE INDUSTRY, IN ACCORDANCE WITH N.J.S.A. 13:1E-126 TO -135. I HOLD THE AUTHORITY TO SIGN THIS RELEASE AUTHORIZATION. THEREFORE, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO THE SAID ENTERPRISE, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY AN APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE ATTORNEY GENERAL OF NEW JERSEY. THIS AUTHORIZATION SHALL SUPERSEDE AND COUNTERMAND ANY PRIOR REQUEST OR AUTHORIZATION TO THE CONTRARY. A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

DATED: _____ PRINT NAME OF INDIVIDUAL SIGNING: _____

OWNER OR AUTHORIZED SIGNATURE: _____

SIGNATURE OF ATTORNEY OR NOTARY _____

ATTORNEY/NOTARY PUBLIC OF _____

DATE SIGNED: _____

COMMISSION NO: _____ COMMISSION EXPIRES ON: _____



YOU MUST SIGN AND NOTARIZE THE LAST TWO PAGES OF THIS DOCUMENT

2024 ANNUAL UPDATE CERTIFICATION

THIS CERTIFICATION MUST BE READ AND SIGNED BY AN OWNER, OFFICER, OR DIRECTOR OR KEY EMPLOYEE OF YOUR COMPANY.

I, _____
HEREBY CERTIFY THAT I HAVE READ, IN ITS ENTIRETY, THE ATTACHED COMPLETED ANNUAL 2024 UPDATE OF

FULL NAME OF BUSINESS ENTITY

AND THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT MY COMPANY'S EMPLOYEES AND AGENTS HAVE MADE A DILIGENT EFFORT TO HONESTLY AND THOROUGHLY RESPOND TO THE INQUIRIES IN THIS UPDATE. I HAVE ENSURED THAT THE INFORMATION PROVIDED ON THIS UPDATE HAS BEEN VERIFIED. I AM AWARE THAT IF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO CRIMINAL PROSECUTION. I ACKNOWLEDGE THAT MAKING ANY WILLFULLY FALSE STATEMENTS IN THIS UPDATE CONSTITUTES GROUNDS FOR IMMEDIATE DENIAL OF MY COMPANY'S A901 APPLICATION OR REVOCATION OF MY COMPANY'S A901 LICENSE.

DATED: _____ PRINT NAME OF INDIVIDUAL SIGNING: _____

OWNER OR AUTHORIZED SIGNATURE: _____

SIGNATURE OF ATTORNEY OR NOTARY _____

ATTORNEY/NOTARY PUBLIC OF _____

DATE SIGNED: _____

COMMISSION NO: _____ COMMISSION EXPIRES ON: _____

CONTACTS IF YOU HAVE QUESTIONS

Please Save This Page For Future Reference

1. Annual Update is always due November 1st and is **ONLY** mailed to A901mail@law.njoag.gov.
2. CPCN report is always due in June. You can email Patricia Badessa at DEP if you have questions at Patricia.Badessa@dep.nj.gov.
3. The CPCN report is always sent to swutility@dep.nj.gov.
DO NOT SEND THE CPCN DOCUMENT TO THE A901 EMAIL ADDRESS
4. Every ODD year in March (March 2025) you must go to the DEP website www.wastedecals.nj.gov to renew your stickers for ALL of your equipment. Your stickers are valid for 2 years.
5. After you complete your CPCN report you will receive a bill from DEP that is due yearly around September. If you have a question about billing you can email Lisa Offredo at DEP at Lisa.Offredo@dep.nj.gov.
6. If you have a question about your stickers you can email LRU@dep.nj.gov.
7. If you have general questions about your license you can email the A901 Unit at A901mail@law.njoag.gov or Roxanne Feasel at DEP at Roxanne.Feasel@dep.nj.gov.