

SECOND LEVEL (PARENT COMPANY)  
2021 ANNUAL UPDATE

PLEASE **EMAIL** A SCANNED COPY AND RETAIN THE ORIGINAL FOR YOUR RECORDS  
OR MAIL THE ORIGINAL HARD COPY **ONLY** IF SCANNING IS NOT AVAILABLE

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 609-376-2834 OR RICHARD KENNEDY 609-376-2768  
[A901MAIL@LAW.NJOAG.GOV](mailto:A901MAIL@LAW.NJOAG.GOV)

**ONLY USE THIS FORM IF YOUR COMPANY IS OWNED BY A PARENT COMPANY. ALL SECOND  
LEVEL PARENT COMPANIES OF THE APPLICANT OR LICENSEE ARE REQUIRED TO FILE AN  
SECOND LEVEL ANNUAL UPDATE**

"PARENT COMPANIES" INCLUDE ANY BUSINESS CONCERN WHICH HOLDS ANY EQUITY OR DEBT  
LIABILITY IN THE APPLICANT OR LICENSE-HOLDER ITSELF, OR WHICH HOLDS, DIRECTLY  
OR THROUGH ANOTHER ENTITY, ANY DEBT LIABILITY OR EQUITY IN A PARENT COMPANY.  
IN OTHER WORDS, ALL BUSINESS ENTITIES "UPSTREAM" OF THE APPLICANT OR LICENSE  
HOLDER, I.E. PARENTS, GRANDPARENTS, GREAT-GRANDPARENTS, ETC. MUST FILE SECOND-  
LEVEL BUSINESS CONCERN DISCLOSURE STATEMENTS. PLEASE PROVIDE AN ORGANIZATIONAL  
CHART.

SECOND LEVEL COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(FOR OVERNIGHT MAIL USE IF NECESSARY, NO PO BOXES)

COMPANY PHONE NUMBER: \_\_\_\_\_

COMPANY EMAIL ADDRESS: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

**Please Only list an Attorney, Owner, Key Employee or a  
Solid Waste Consultant that is authorized to discuss company information**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Only One Email Address

**Please submit this update by November 1, 2020**

FILING ON BEHALF OF APPLICANT(S) HOLDING OR APPLYING FOR NJDEP SOLID OR HAZARDOUS WASTE LICENSE:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTORNEY AND/OR ACCOUNTANT: STATE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE SECOND-LEVEL COMPANY'S ATTORNEY AND ACCOUNTANT:

ATTORNEY: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EQUITY HOLDERS/OWNERS/PARTNERS OR LLC MEMBERS

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# OR FEID#: \_\_\_\_\_

DATE THAT INTEREST WAS OBTAINED: \_\_\_\_\_ % OF INTEREST: \_\_\_\_\_

EQUITY HOLDER:                      OWNER:                      PARTNER:                      LLC MEMBER:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# OR FEID#: \_\_\_\_\_

DATE THAT INTEREST WAS OBTAINED: \_\_\_\_\_ % OF INTEREST: \_\_\_\_\_

EQUITY HOLDER:                      OWNER:                      PARTNER:                      LLC MEMBER:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# OR FEID#: \_\_\_\_\_

DATE THAT INTEREST WAS OBTAINED: \_\_\_\_\_ % OF INTEREST: \_\_\_\_\_

EQUITY HOLDER:                      OWNER:                      PARTNER:                      LLC MEMBER:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# OR FEID#: \_\_\_\_\_

DATE THAT INTEREST WAS OBTAINED: \_\_\_\_\_ % OF INTEREST: \_\_\_\_\_

EQUITY HOLDER:                      OWNER:                      PARTNER:                      LLC MEMBER:

DIRECTORS/OFFICERS/KEY EMPLOYEES

FAMILY MEMBERS/DEBT HOLDERS OR TRUSTEES

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST (4) DIGITS OF SS #: \_\_\_\_\_

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                  TRUSTEE                      FAMILY MEMBER

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST (4) DIGITS OF SS #: \_\_\_\_\_

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                  TRUSTEE                      FAMILY MEMBER

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST (4) DIGITS OF SS #: \_\_\_\_\_

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                  TRUSTEE                      FAMILY MEMBER

DO YOU HAVE ANY INDIVIDUALS THAT ARE INVOLVED IN YOUR COMPANY AND ARE DEBARRED FROM OPERATING IN THE SOLID WASTE INDUSTRY

YES NO

(If you answered NO proceed to the next question)

DEBARRED INDIVIDUALS. LIST ALL INDIVIDUALS INVOLVED WITH THIS COMPANY IN ANY CAPACITY WHATSOEVER: WHETHER AS EMPLOYEE, INDEPENDENT CONTRACTOR, CONSULTANT, LANDLORD, TENANT, DEBT HOLDER 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: [WWW.WASTEDECALS.NJ.GOV](http://WWW.WASTEDECALS.NJ.GOV)

CLICK ON THE 2<sup>ND</sup> YELLOW BOX AND SCROLL DOWN TO A901 FORMS

AND FROM NEW YORK AT:

[HTTPS://WWW1.NYC.GOV/SITE/BIC/INDEX.PAGE](https://www1.nyc.gov/site/bic/index.page)

CLICK ON THE INDUSTRIES TAB AND ON THE LEFT SIDE COLUMN AND THEN DENIED COMPANIES

NAME: \_\_\_\_\_

INVOLVEMENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CIVIL VIOLATION HISTORY SINCE LAST A901 FILING

THE FOLLOWING QUESTIONS CONCERN CIVIL VIOLATIONS OF ENVIRONMENTAL LAWS AND REGULATIONS. IN THIS SECTION, THE TERM "YOU" REFERS TO THE SECOND-LEVEL COMPANY IDENTIFIED IN QUESTION 1 AND TO ANY PREDECESSOR FIRM.

AS USED BELOW, THE TERM "ENVIRONMENTAL LAWS AND REGULATIONS" INCLUDES LAWS AND REGULATIONS RELATING TO THE DISPOSAL, TRANSFER, TRANSPORTATION, TREATMENT, STORAGE, PROCESSING, RECYCLING OR DISPOSAL OF SOLID WASTE AND HAZARDOUS WASTE; AND ANY OTHER STATUTES AND REGULATIONS RELATING TO AIR AND WATER POLLUTION, DISCHARGE OF HAZARDOUS SUBSTANCES, TRANSPORTATION OF HAZARDOUS MATERIALS AND CONTROL OF PESTICIDES OR TOXIC SUBSTANCES. IT INCLUDES REGULATIONS OF THE NJDEP, USDOT, OR USEPA.

DO YOU HAVE ANY CIVIL VIOLATIONS:    YES                    NO

VIOLATION NOTICES: (INCLUDE FEDERAL, STATE, MUNICIPAL AND FOREIGN COUNTRIES)

NAME OF ENTITY CITED: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ ISSUING AGENCY: \_\_\_\_\_

AMOUNT OF PENALTY OR DAMAGES: \_\_\_\_\_

ALLEGED ALLEGATIONS: \_\_\_\_\_

DISPOSITION AND EXPLANATION: \_\_\_\_\_

TYPE OF NOTICE: \_\_\_\_\_ DOCKET NO.: \_\_\_\_\_

CRIMINAL CHARGES AND CONVICTIONS SINCE LAST A901 FILING

LIST ALL INDICTMENTS, ACCUSATIONS, SUMMONSES, COMPLAINTS AND INFORMATION AGAINST THE SECOND-LEVEL COMPANY OR ANY OWNER (OTHER THAN A PERSON HOLDING LESS THAN 5% OF THE EQUITY OF THE SECOND LEVEL COMPANY IF THE SECOND LEVEL COMPANY IS A PUBLICLY TRADED COMPANY), PARTNER, DIRECTOR, OFFICER, OR KEY EMPLOYEE OF THE SECOND LEVEL COMPANY FOR ANY CRIME OR FELONY NOT PREVIOUSLY DISCLOSED. LIST ALL ACCUSATIONS, SUMMONSES, COMPLAINTS, AND INFORMATION FILED AGAINST THE SECOND LEVEL COMPANY, OR ANY OWNER (OTHER THAN A PERSON HOLDING LESS THAN 5% OF THE EQUITY OF THE SECOND LEVEL COMPANY IF THE SECOND LEVEL COMPANY IS A PUBLICLY TRADED COMPANY), PARTNER, DIRECTOR, OFFICER, OR KEY EMPLOYEE OF THE SECOND LEVEL COMPANY, FOR ANY MISDEMEANOR, DISORDERLY PERSONS OFFENSE, OR CRIMINAL VIOLATION NOT PREVIOUSLY DISCLOSED.

NOTE: YOU NEED NOT LIST CONVICTIONS FOR MINOR TRAFFIC OFFENSES. VIOLATIONS OF N.J.S.A. 39:5B-25 ET SEQ. OR N.J.S.A. 39:5B-30 ET SEQ., DEATH BY AUTO, VEHICULAR HOMICIDE, OR COMPARABLE MOTOR VEHICLE OFFENSES IN JURISDICTIONS OTHER THAN NEW JERSEY MUST BE LISTED.

LIST CONVICTIONS FIRST. USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY:

DO YOU HAVE ANY CRIMINAL CHARGES OR CONVICTIONS

YES                      NO

NAME OF ENTITY CITED: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

ISSUING AGENCY: \_\_\_\_\_

AMOUNT OF PENALTY OR DAMAGES: \_\_\_\_\_

ALLEGED ALLEGATIONS: \_\_\_\_\_

DISPOSITION AND EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

TYPE OF NOTICE: \_\_\_\_\_

DOCKET NO.: \_\_\_\_\_

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

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: \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME OF INDIVIDUAL SIGNING: \_\_\_\_\_

SIGNATURE OF ATTORNEY OR NOTARY \_\_\_\_\_

ATTORNEY/NOTARY PUBLIC OF \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

COMMISSION NO: \_\_\_\_\_

COMMISSION EXPIRES ON: \_\_\_\_\_

2021 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  
2021 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: \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME OF INDIVIDUAL SIGNING: \_\_\_\_\_

SIGNATURE OF ATTORNEY OR NOTARY \_\_\_\_\_

ATTORNEY/NOTARY PUBLIC OF \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

COMMISSION NO: \_\_\_\_\_

COMMISSION EXPIRES ON: \_\_\_\_\_