

**New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
NOTIFICATION OF NEW JERSEY UNIVERSAL WASTE HANDLER ACTIVITIES**

NAME: _____ TITLE: _____

CORPORATION / COMPANY: _____

MAILING ADDRESS: _____

MUNICIPALITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____
area code area code

TYPE OF NOTIFICATION: ___ Small Quantity Handler ___ Large Quantity Handler
(Check one)

A Class D recycling center approval is required for: 1. anyone demanufacturing while accumulating 5,000 kg or more total Universal Waste at the location or 2. anyone processing (including, but not limited to, shredding and grinding) Universal waste that renders it unrecognizable regardless of the amount Universal Waste accumulated at the location

EPA IDENTIFICATION NUMBER: _____
(If submitting as a Large Quantity Handler)

MATERIALS TO BE HANDLED: (Check all that apply)

___ Batteries ___ Mercury Containing Devices ___ Consumer Electronics
___ Pesticides ___ Lamps ___ Oil-based Finishes

LOCATION WHERE ACTIVITY IS TO BE CONDUCTED: (if activity is to be conducted at more than one location, you must complete and submit a notification form for each location.)

MUNICIPALITY: _____ COUNTY: _____

STREET: _____ BLOCK # : _____ / LOT # : _____

CERTIFICATION as required by N.J.A.C. 7:26A-1.4(b)5: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I further certify that the operation described herein satisfies the criteria for exemption as set forth in N.J.A.C. 7:26A-1.4. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil penalty pursuant to N.J.A.C. 7:26-5 and that submitting false information may be grounds for termination of any exemption.

Name (print) _____ Title (print) _____

Signature _____ Date: _____ / _____ / _____
Month Day Year

* An unofficial copy of the Recycling Regulations, including N.J.A.C. 7:26A-1.4 and other regulations referenced at N.J.A.C. 7:26A-1.4(a) 14 through 1.4(a)17, can be obtained from the Department's internet website at:
www.state.nj.us/dep/dshw/resource/rules.htm

Please complete and mail this form to: Mail Code: 401-02C, New Jersey Department of Environmental Protection, Solid & Hazardous Waste Management Program, Bureau of Landfill & Hazardous Waste Permitting, P.O. Box 420, Trenton, New Jersey 08625-0420 or the form may be faxed to (609) 777-1951. You must also provide the recycling coordinator of the host municipality and host county with a copy of this completed form. Contact information for the recycling coordinators can be found at <http://www.nj.gov/dep/dshw/recycling/recycoor.htm>