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# State of New Jersey

09-2014

Pursuant to P.L. 1976, C 141

**Form SCC-1**

## Spill Compensation and Control Tax Application for Registration

Mail the completed application to:

State of New Jersey  
Division of Taxation – Excise Tax Branch  
PO Box 189  
Trenton, NJ 08695

**There is no fee for this application.**

Date of filing this  
application: \_\_\_\_\_

Date of first taxable  
transfer: \_\_\_\_\_

### Section 1: Company Information

Company Name		Physical Address		
Company Trade Name		City	State	Zip
12 Digit New Jersey Tax ID Number		Mailing Address		
Point of Contact		City	State	Zip
Point of Contact Title		Registered Agent in New Jersey		
Email Address		Address Where Records are Available for Inspection		
Phone Number	Extension	City	State	Zip

### Section 2: Transfers to New Jersey

Do you receive or initiate transfers to New Jersey of:		
a) <b>Petroleum Products?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) <b>Hazardous Substances Other than Petroleum Products?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either, list name and address of terminal(s) to which the products are transferred, and the products transferred.		
Terminal Name	Terminal Address	Product Transferred

### Section 3: Products Owned in New Jersey

At any Public Storage Terminal in New Jersey, do you own:

- a) **Petroleum Products?**  Yes  No  
 b) **Hazardous Substances Other than Petroleum Products?**  Yes  No

If yes to either, list name and address of terminal(s) where the products are stored, and the products stored.

Terminal Name	Terminal Address	Product Stored

### Section 4: Subleased Space in New Jersey

At any Public Storage Terminal in New Jersey, do you sublease to another entity any storage space for:

- a) **Petroleum Products?**  Yes  No  
 b) **Hazardous Substances Other than Petroleum Products?**  Yes  No

If yes to either, list name of the company, the name and address of terminal(s) where space is sublet, and the products stored there.

Company Name	Terminal Name and Address	Product Stored

### Section 5: Additional Questions – see instructions

- 1) Do you own or operate vessels, tank cars, and/or tank trucks to which transfers are made?  Yes  No  
 2) Do you own or operate a **Public Storage Terminal**?  Yes  No  
 3) Do you own or operate a facility in New Jersey that processes **Precious Metals**?  Yes  No  
 4) Do you own or operate a **Pipeline** in New Jersey?  Yes  No  
 5) Do you own or operate a **Major Facility** in New Jersey?  Yes  No  
 6) Enter the combined storage capacity in New Jersey: \_\_\_\_\_

### Section 6: Affirmation

By signing, the signatory affirms under applicable penalties for perjury that the statements contained on this form, including any attachments are complete and true.

Signature of Owner or Authorized Officer	Printed Name	
	Title	Date Signed

### For Division of Taxation Use Only

Application Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investigation Started	Investigation Ended
Effective Date			Investigation Completed by:	
Comments:				