

# AIMS-099 – Part B

## PIN CODE ASSIGNMENT FOR RADIUS SUBMITTAL (Please Print)

<b>DEP OFFICIAL USE ONLY</b>
Date Assigned: _____ Assigned by: _____

**Email to: AIRDMG@dep.state.nj.us**  
**Fax to: (609) 633-8236**  
Mail to: NJDEP –Division of Air Quality  
Data Management Group  
PO Box 027, Trenton, NJ 08625

Facility ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to contact regarding this form: Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please note that this Pin Code Assignment Form  
is for Radius applications and certifications only,  
and can not be used for any other purpose.**

**\*\*\*This box is for Responsible Official Information Only\*\*\***

Name of Person Requesting PIN CODE: \_\_\_\_\_

Select a Pin Code below (Limit is 7 Alpha/Numeric characters using Capital Letters only)

Pin Code \_\_\_\_\_ Phone \_\_\_\_\_

Responsible Official Email Address: \_\_\_\_\_

Name of Person Requesting PIN CODE: \_\_\_\_\_

Select a Pin Code below (Limit is 7 Alpha/Numeric characters using Capital Letters only)

Pin Code \_\_\_\_\_ Phone \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one)  Yes  No

Name of Person Requesting PIN CODE: \_\_\_\_\_

Select a Pin Code below (Limit is 7 Alpha/Numeric characters using Capital Letters only)

Pin Code \_\_\_\_\_ Phone \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one)  Yes  No

Name of Person Requesting PIN CODE: \_\_\_\_\_

Select a Pin Code below (Limit is 7 Alpha/Numeric characters using Capital Letters only)

Pin Code \_\_\_\_\_ Phone \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one)  Yes  No

**NOTE: Pin Codes are kept confidential and are encrypted once entered into the NJDEP system. They are case sensitive and should be entered with capital letters only. This request must have at least one Responsible Official listed requesting a Pin Code. Individuals using this form can not be assigned identical Pin Codes. A Responsible Official signature is required if submitted via fax, mail, or by someone other than a responsible official. A consultant can not be listed and/or sign as a Responsible Official unless a letter accompanies this request form (on company letterhead) from a Responsible Official designating him/her to act as such.**

**\*\*\*No signature is required if Responsible official emails this form using their company or personal email address\*\*\***

I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there may be significant civil penalties imposed, including the possibility of fine, imprisonment or both, for submitting false, inaccurate or incomplete information. An email submission of this form by a company responsible official denotes certification.

Responsible Official Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_