

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF LAW

## A901 ANNUAL UPDATE FOR 2017 FOR **SECOND LEVEL BUSINESS CONCERNS**

**Instructions:** Please review your records and check with your directors, officers, owners, partners, and key employees, to identify changes of information from your previously filed disclosure statement. If there are no changes, you may so indicate in your answers, except that even if there are no changes in the Summary of Principals, the Summary must be completed in full.

If organization is owned in turn by a corporation or other business organization, please provide a chart showing relationships between applicant/licensee and its various direct and indirect owners.

**Definitions:** The term "applicant" as used in this Second-Level Business Concern Update form, includes licensees and permittees.

The term "Second-Level Company" as used in this Second-Level Business Concern Update form refers to the second level business concern filing this form.

Second Level Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FEID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Filing on behalf of Applicant(s) Holding or Applying for NJDEP Solid or Hazardous Waste License:

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

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

**ATTORNEY AND ACCOUNTANT:** State the name, address and telephone number of the second-level company's attorney and accountant:

Attorney: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Accountant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**SUMMARY OF PRINCIPALS OF SECOND LEVEL BUSINESS CONCERNS**

List current principals of any second level company for which a second-level business concern disclosure statement is required. **Second-level business concern disclosure statements must be filed by all "parent companies" of the applicant.** "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.

Before Social Security numbers of persons named below who have not previously consented to disclosure of their social security numbers are provided, such persons should read the attached privacy notice on social security numbers and sign the attached Consent Form for Disclosure of Social Security numbers.

**EQUITY HOLDERS/OWNERS**

Name	DOB	SS# or FEID	% of Ownership
_____			
_____			
_____			
_____			

**DIRECTORS**

Name	DOB	SS#	Date Appointed
_____			
_____			
_____			
_____			

**OFFICERS/TRUSTEES**

Name	DOB	SS#	Date Appointed
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**PARTNERS**

Name	DOB	SS# or FEID	% of Ownership
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**LLC MEMBERS**

Name	DOB	SS# or FEID	% of Ownership
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**KEY EMPLOYEES**

Name	Title	DOB	SS#
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**DEBT HOLDERS**

Name	Title	DOB	SS# or FEID
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**DEBARRED INDIVIDUALS.** List all individuals involved with this company in any capacity whatsoever: whether as employee, independent contractor, consultant, 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>

Name	Involvement	Date of Birth
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If this form was prepared by a person other than the individual or individuals signing this certification (e.g., an attorney or accountant), indicate that person's name, address and telephone number and relationship to the Second Level Business Concern Update:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Title/position: \_\_\_\_\_

**CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS**

Each **new** individual whose Social Security number is listed in this A901 Annual Update for 2016 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

**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.

VIOLATION NOTICES: (Include Federal, State, Municipal and Foreign Countries)

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(NAME OF ENTITY CITED) (DATE ISSUED)

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(ADDRESS OF VIOLATION)

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(ALLEGED VIOLATION) (TYPE OF NOTICE)

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(DISPOSITION AND EXPLANATION)

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(ISSUING AGENCY) (DOCKET #) (PENALTY ASSESSED)

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(NAME OF ENTITY CITED) (DATE ISSUED)

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(ADDRESS OF VIOLATION)

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(ALLEGED VIOLATION) (TYPE OF NOTICE)

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(DISPOSITION AND EXPLANATION)

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(ISSUING AGENCY) (DOCKET #) (PENALTY ASSESSED)

**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:

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Name of entity charged/convicted

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Description of Crime/offense charged

Indictment/other charging instrument #: \_\_\_\_\_

Date Charged: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Disposition: \_\_\_\_\_



