

REGISTRANT NAME _____

NJ DEP NUMBER _____

Select One:

LEASING EQUIPMENT with DRIVERS

If you are leasing equipment from another transporter or subcontractor (e.g. Owner-Operator), attach a copy of this form with the following information (printed clearly):

1. Name of Lessor (Transporter, Subcontractor) _____

Equipment quantity being leased: Cabs ____ Trailers ____ Single Units ____ Containers ____

How many DRIVERS are included? _____ Lessor US DOT Number (if applicable) _____

Name of Lessor Responsible Party (e.g. Owner, President, etc.) _____

Address of Lessor _____

2. Tax Number of Lessor (from W-9, 1099, etc.) (if SS# only last four digits) _____

3. Include copy of signed Lease Certification (between you & Lessor)

4. Include copy of Lease which satisfies requirements listed in N.J.A.C. 7:26-3.2 (i)

EQUIPMENT ONLY LEASE

If you are leasing or lease-purchasing a vehicle from a rental company, manufacturer, after-market manufacturer, bank, lending institution, or other non-subcontractor, attach a copy of this form with the following information (printed clearly):

1. Name of Lessor (i.e. Rental Company, Bank, etc.) _____

2. Address of Lessor _____

3. Federal Tax ID Number of Lessor (if available) _____

4. Include Copy of the Lease & Lease Certification (signed by Lessee)

The NJDEP is required to provide the names, addresses and Federal Tax ID number(s) of all Registrants and Lessors to the NJ Division of Taxation. It is your responsibility to provide insurance on all vehicles you are operating. Depending upon the amount of equipment and operators being leased to licensed transporters, Lessor A901 disclosure requirements may be required. Acceptance of a Lease by NJDEP does not constitute approval of the submitted Lease.

REGISTRANT SIGNATURE _____

DATE _____

10. The term of the **attached** Lease:

Begins at _____ and Terminates at _____.
TIME, MONTH, DAY, YEAR TIME, MONTH, DAY, YEAR

If usage during the term of the lease is intermittent, occasional, or on an "as needed" basis, please explain:

I am aware that if any of the foregoing information or statement is willfully false, I am subject to punishment. I further certify that I understand my legal obligation to require Business Concern Disclosures and Personal History Disclosures of lessors under N.J.A.C. 7:26-16.6(i).

Name of **LESSOR** (Owner of Vehicle) Street Address City State Zip Code

LIST ALL OWNERS OF LESSOR COMPANY: (Additional owners? Please check here and print the names and titles on a separate sheet of paper)

Print Name: _____

Signature: _____ () _____

Name of Authorized Official

Date

Title

Telephone Number

Print Name: _____

Signature: _____ () _____

Name of Authorized Official

Date

Title

Telephone Number

Name of **LESSEE** (A-901 or Self-Generator Co.) Street Address City State Zip Code

Print Name: _____

Signature: _____ () _____

Name of Authorized Official

Date

Title

Telephone Number

ADDENDUM

(Use this forms for any additional vehicles/equipment)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____

VIN/Serial No. _____

Issued by the State of _____

License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Lease Agreement

Between **Lessor (Vehicle Owner):** _____ and

Lessee (A-901 Licensed or Self-Generator Company): _____ NJDEP # _____

The lease will begin on (date) _____ at (time) _____ and

end on (date) _____ at (time) _____.

The Lessee shall pay the Lessor _____ per _____ by _____ for the lease.

_____ will be responsible for payment of gas, oil, maintenance and insurance for the equipment;

_____ will be responsible for any tipping fees.

Vehicle identification number (VIN): _____

License Plate Number: _____ State: _____

Vehicle Type: _____

The Lessee and Lessor agree the lease shall not be assigned to any other person.

The Lessee and Lessor agree the leased equipment is or will be under the exclusive possession, use, management, direction, and control of the Licensee or Self-Generator transporter while being used to conduct solid waste activities for the A-901 Licensee or Self-Generator transporter.

Lessor (Vehicle Owner):

Date: _____

Print Name of Authorized Person
on Behalf of Lessor

Signature

Lessor Company Owner(s):

Print Name

Print Name

Print Name

Lessee (A-901 Licensee or Self Generator):

Date: _____

Print Name of Authorized Person
on Behalf of Lessee

Signature

Note: This is provided as a SAMPLE with the minimum requirements and should be customized with additional information as needed by the Lessor.