****

DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT THE END OF FORM

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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT

TEMPORARY A901 LICENSE FOR HURRICANE SANDY CLEANUP
PERSONAL HISTORY DISCLOSURE SHORT FORM

For owners, officers, directors, partners and key employees of applicants for and holders of NJDEP solid waste or hazardous waste licenses and certain of their lessors, and certain other individuals listed on Business Concern Disclosure Statements or Second Level Business Concern Disclosure Statements.

Print or type all data, except where signature is required.

Name of the business concern holding or applying for a NJDEP license, or the lessor to such a concern, in connection with which you are filing this form:

_____

If you are filing as an officer, director, key employee, or owner of a Second Level business, please indicate the name of the business:

_____

YOUR NAME AND MAILING ADDRESS:

_____

_____

_____

****

DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT THE END OF FORM

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PART I: PERSONAL IDENTIFYING DATA

1. FULL NAME: Last: _____ First: _____ Full Middle Name: _____

2. DATE OF BIRTH: Month: _____ Day: _____ Year: _____

3. SOCIAL SECURITY NUMBER: _____

4. HOME ADDRESS: _____

City: _____ County: _____ State: _____ Zip Code: _____

5. Email Address: _____

6. TELEPHONE #: (Home) _____ (business) _____
You must provide your number even if it is unlisted. We will keep this information strictly confidential.

7. PHYSICAL ASPECTS: Height: _____ Weight: _____

Age: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Race (Note: This question is for identification purposes only): _____

Distinctive markings or characteristics: (e.g., tattoos) _____

_____

_____

8. PLACE OF BIRTH: _____
(City) (County) (State, Province, etc.) (Country)

9. OTHER NAMES: List all names other than your present full legal name that you have ever used. Include any maiden names, nicknames, previous married names, stage names, pseudonyms, aliases and any names you ever worked under or were educated under. If you have ever changed your name in a legal proceeding, give date, place and court, and your name before and after the change. Use additional copies of this page, as necessary.

Name :(Before): _____ (After): _____

Dates when used
From (Year) to (Year): _____

Type
(e.g.,Nickname): _____

Place: _____ Court: _____

10. DRIVER'S LICENSE: Use additional copies of this page, as necessary.

A. PASSENGER DRIVER'S LICENSE(S):

Number	State	Expiration Date

B. ARTICULATED DRIVER'S LICENSE(S):

Number	State	Expiration Date

C. COMMERCIAL DRIVER'S LICENSE(S):

Number	State	Expiration Date

11. RESIDENCE: Beginning with your present residence and going backward, list every place in which you have resided for the past five years. Include vacation or seasonal residences and second homes. "Vacation or seasonal residence" means a residence other than primary residence which you owned or occupied more than one calendar year. For example, a summer cottage you returned to every year for five years. Use additional copies of this page, as necessary.

Address: _____

From Month/Year _____/_____ To Month/Year _____/_____ [ ]Owned [ ]Rented

Name & Address of Landlord: _____

_____

Address: _____

From Month/Year _____/_____ To Month/Year _____/_____ [ ]Owned [ ]Rented

Name & Address of Landlord: _____

12. PHOTOGRAPH: Holders of 10% or more of the **applicant's** equity; officers of the **applicant** disclosed in the **applicant's** business concern disclosure statement; partners (if holding 10% or more of the **applicant's** equity); and key employees of the **applicant,** must attach a recent clear photograph of themselves below or on a separate page. (Local police departments which handle fingerprinting are usually equipped to take acceptable photographs, but any clear, recent photograph is acceptable). Please note that equity holders, partners, officers, and key employees of second-level companies are **not** required to attach photographs.

Place Photo Here

PART II: MARRIAGE/FAMILY

13. MARITAL STATUS [ ]Single [ ]Married [ ]Divorced [ ]Separated [ ]Widowed

14. SPOUSE (INCLUDE MAIDEN NAME IF APPLICABLE):

Spouse's Name: _____

Date of Birth: _____ Social Security No.: _____

Date of Marriage: _____ Place of Marriage: _____

15. RELATIVES IN THE SOLID WASTE INDUSTRY: List all relatives employed or associated with companies involved in the management of solid waste or hazardous waste in New Jersey or any other state. Use additional copies of this page, as necessary.

Name: _____ Relationship: _____ Date of Birth: _____

_____ _____
Name & Address of Company Position Held by Your Relative

Name: _____ Relationship: _____ Date of Birth: _____

_____ _____
Name & Address of Company Position Held by Your Relative

15(a) DEBARRED RELATIVES IN THE SOLID WASTE INDUSTRY: List all relatives employed or associated with companies involved in the management of solid waste or hazardous waste in New Jersey or any other state that have been debarred, suspended, or otherwise excluded for life, or for a set term, from the industry:

Name: _____ Relationship: _____ Date of Birth: _____

_____ _____
Name & Address of Company Position Held by Your Relative

Date of Debarment: _____ State: _____

Reason for Debarment: _____

PART III: EXPERIENCE AND RATIONALE FOR APPLICATION

16. Describe here your experience and credentials, if any, in the brokerage, collection, transfer, transportation, treatment, storage, disposal, or recycling of solid waste or hazardous waste. You may answer or supplement your response to this question by the inclusion of resumes, lists of professional publications and achievements, and/or cross reference to information disclosed elsewhere on a separate form. Use additional copies of this page, as necessary.

17. If you obtain a Temporary A901 License, what work do you plan to do? How is it related to the damage caused by Hurricane Sandy? Please attach any documents you possess to support your answer, including correspondence, contracts or bids.

Separate Form Attached? [ ]Yes [ ]No

PART IV: EMPLOYMENT HISTORY

18(a): PRESENT EMPLOYER:_____

Address: _____

Starting Date: _____ Phone # _____

_____ _____
Type of Business or Organization Your Title or Position

18(b): PREVIOUS EMPLOYMENT: List all previous employment for the last five years or since age 18, including part-time employment. Begin with most recent employment and work backwards. Use additional copies of this page, as necessary.

Employer's Name: _____

Employer's Address: _____

_____/_____ _____/_____ _____
From To Position Held

_____ _____
Supervisor Reason for Leaving

Employer's Name: _____

Employer's Address: _____

_____/_____ _____/_____ _____
From To Position Held

_____ _____
Supervisor Reason for Leaving

Employer's Name: _____

Employer's Address: _____

_____/_____ _____/_____ _____
From To Position Held

_____ _____
Supervisor Reason for Leaving

PART V: BUSINESS INTERESTS

19. BUSINESS INTERESTS IN SOLID WASTE/HAZARDOUS WASTE COMPANIES: List the following information as to any business concern in which, in the last ten years, you have held any interest, participated in management, or were employed, and which engaged in the business of solid waste or hazardous waste collection, transportation, treatment, storage, disposal, or transfer or recycling during the period of your ownership or participation.

Company Name: _____

Business Address: _____

Type of Business: _____

_____

Nature of Your Participation, and Dates of Participation

Company Name: _____

Business Address: _____

Type of Business: _____

_____

Nature of Your Participation, and Dates of Participation

19(a) PAST BUSINESS INTERESTS IN REVOKED SOLID WASTE/HAZARDOUS WASTE COMPANIES: List the following information as to any business concern in which, in the last ten years, you have held any interest, participated in management, or were employed, and which engaged in the business of solid waste or hazardous waste collection, transportation, treatment, storage, disposal, or transfer or recycling, the license of which was revoked or suspended for activities occurring during the period of your ownership or participation in this state or any other jurisdiction:

Company Name: _____

Business Address: _____

Type of Business: _____

Reason for Revocation or Suspension: _____

_____

Nature of Your Participation, and Dates of Participation

20. TAX OBLIGATIONS: Describe all delinquent tax payments and liabilities.

_____

_____

_____

_____

21. TAX LIENS: Are you or is any property owned by you currently subject to a state or federal lien for nonpayment of taxes? [ ]Yes [ ] No

Have you or any property you own been subject to a state or federal lien for nonpayment at any time in the past 10 years? [ ]Yes [ ]No

If yes to either question, describe liens.

_____

_____

_____

_____

22. BANKRUPTCY: Have you filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last 10 years? If so, set forth the following information.

Date of Petition: _____ Venue: _____

Chapter: [ ]7 [ ]11 [ ]13 Disposition: _____

_____

Date of Petition: _____ Venue: _____

Chapter: [ ]7 [ ]11 [ ]13 Disposition: _____

_____

Date of Petition: _____ Venue: _____

Chapter: [ ]7 [ ]11 [ ]13 Disposition: _____

SECTION VI: LICENSES AND VIOLATION NOTICES

23. SOLID AND HAZARDOUS WASTE LICENSES: List all licenses, registrations or permits held by you or any business concern owned or controlled by you for the operation of a solid waste or hazardous waste collection, transportation, treatment, storage, disposal, transfer or recycling business currently held, or held within the last ten years. (Include licenses from NJDEP, USEPA, the former NJBPU or NJPUC, and other states.)

Name of Licensee: _____ **Address:** _____

Type of License	Issuing Agency	Dates Held	License #

Name of Licensee: _____ **Address:** _____

Type of License	Issuing Agency	Dates Held	License #

Name of Licensee: _____ **Address:** _____

Type of License	Issuing Agency	Dates Held	License #

24. ENVIRONMENTAL VIOLATION NOTICES: List any notice issued to you within the last 10 years or to any company owned or controlled by you for the alleged violation of any law or regulation pertaining to protection of the environment. Include any Notice of Violation, Notice of Prosecution, Administrative Order or Action, Citation of any kind or Notice of Intent to Deny or Revoke a License or Permit, or similar citation of any description. If the disposition was resolved through a settlement agreement or consent order, attach a copy of the same. Do not list citations for motor vehicle or littering offenses.

Name of Person/Entity Cited	Date Issued	Location of Alleged Violation

Issuing Agency: _____ Disposition: _____

Name of Person/Entity Cited	Date Issued	Location of Alleged Violation

Issuing Agency: _____ Disposition: _____

PART VII. CIVIL LITIGATION AND CRIMINAL PROCEEDINGS

25. CIVIL SUITS: Have you been a plaintiff or defendant in any civil action, other than an action arising from an automobile accident, divorce or separation proceeding within the last 10 years? If yes, provide the following information:

Caption of Case:_____

Nature of Suit: _____

Status or Disposition: _____

Court	Docket Number	Date Filed

Caption of Case:_____

Nature of Suit: _____

Status or Disposition: _____

Court	Docket Number	Date Filed

26. ARRESTS: If you have ever been arrested in New Jersey or any other jurisdiction, list the following information (DO NOT list arrests unless they resulted in the filing of formal charges):

Description of Crimes/Offenses Charged: _____

Disposition and Sentence Imposed: _____

Jurisdiction	Docket Number	Date Filed

Description of Crimes/Offenses Charged: _____

Disposition and Sentence Imposed: _____

Jurisdiction	Docket Number	Date Filed

27. SUBPOENAS: If you have ever been subpoenaed to testify before any investigative body (for example, a grand jury or the State Commission of Investigation) in New Jersey or any other jurisdiction, list the following information:

Date: _____ **Agency Issuing Subpoena:** _____

_____
Reason for / description of testimony

Date: _____ **Agency Issuing Subpoena:** _____

_____
Reason for / description of testimony

Date: _____ **Agency Issuing Subpoena:** _____

_____
Reason for / description of testimony

28. INDICTMENTS, CHARGES AND CONVICTIONS: List and explain any indictment, charge or conviction against you or against any business concern you owned or controlled, for any crime or lesser criminal offense committed in New Jersey or any other state, federal or foreign jurisdiction, other than a motor vehicle offense (violation of Title 39 of the Revised Statutes or equivalent motor vehicle offense in other jurisdictions) with the exception of driving while intoxicated (N.J.S.A. 39:4-50 or equivalent). "Lesser criminal offense" means a disorderly persons offense, a petty disorderly persons offense, and any other violation of a law, including a local ordinance, which is potentially punishable by imprisonment for any term up to 18 months. **Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed. Driving While Intoxicated charges must also be listed.**

Description of Crimes/Offenses Charged: _____

Disposition and Sentence Imposed: _____

_____ _____ _____
Jurisdiction Docket Number Date Filed

Description of Crimes/Offenses Charged: _____

Disposition and Sentence Imposed: _____

_____ _____ _____
Jurisdiction Docket Number Date Filed

29. EVIDENCE OF REHABILITATION: A conviction for any of the crimes listed in Appendix B may result in any business concern with which you are associated having its solid or hazardous waste license denied or revoked, unless you can demonstrate rehabilitation "by clear and convincing evidence". The business concern and the convicted person have the burden to present evidence of rehabilitation to the Department of Environmental Protection and the Attorney General. Some of the factors DEP will consider are set forth in Appendix C.

Under N.J.A.C. 7:26-16.11, an applicant or licensee has the option of avoiding disqualification by severing the employment or interest of the person who would otherwise cause disqualification. DISCLOSING A CRIMINAL CONVICTION MAY RESULT IN YOUR EMPLOYER DISMISSING YOU, even though the Department might find that you have been rehabilitated. HOWEVER, YOU CANNOT FAIL TO DISCLOSE THE CONVICTION. If you lie on this form, you can be criminally prosecuted.

The Department does not want to cause unnecessary firings, and will make reasonable attempts to resolve disqualification issues prior to formal hearings if requested by an employer. You may wish to discuss this with your employer.

IF YOU HAVE BEEN CONVICTED OR ACCUSED OF ANY OF THE CRIMES LISTED IN APPENDIX B, IT IS STRONGLY SUGGESTED YOU DISCUSS YOUR LEGAL RIGHTS WITH AN ATTORNEY, ESPECIALLY IF YOUR EMPLOYER IS NOT AWARE OF YOUR CRIMINAL RECORD.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PART VIII: CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

SOCIAL SECURITY NUMBERS

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 which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection is authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

The following individual hereby certifies that he or she has read the social security notice on this page and consents to the disclosure of his or her social security number for the limited purposes set forth therein.

_____	_____	_____
printed name	signature	date

PART IX: CERTIFICATION

I,_____, do hereby certify that the information in this Personal History Disclosure Form is true and is provided in accordance with the instructional material accompanying the document. I have read the instructions, including the notice on Social Security Numbers, accompanying this Personal History Disclosure Form. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive or misleading answers may result in the denial of the business concern's application or revocation of the business concern's license, or my debarment from the solid and hazardous waste and recycling industries.

Dated:_____ Signature: _____

_____
Type or Print Name

_____
Type or Print Title/Position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, _____, _____
(Name)

Came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and
(B) executed this instrument as his/her own act.

_____.
(Notary public)
(Seal)

If form was prepared by a person other than the individual signing this certification, (e.g., an attorney, accountant, etc.), indicate that person's name, address, telephone number, relationship, and questions answered. **Note: even if this form was prepared by another, including a professional, you are responsible for the information provided.**

Name:_____Phone #_____

Address:_____

Title/Position:_____

Relationship: _____

Questions answered:_____

PART X: RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities(including the IRS) and foreign and domestic governmental agencies (federal, state and local),and any other institution or person without exception:

I,_____, as an owner, officer, director, partner, stockholder, or key employee

of_____, have authorized the Attorney General of New Jersey to conduct an investigation into my background for the purpose of determining the suitability of the company with which I am affiliated, to hold a New Jersey Department of Environmental Protection solid waste or hazardous waste license, or to hold an interest in, or be affiliated with, a solid or hazardous waste licensee, as provided under N.J.S.A. 13:1E-126 et seq.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated:_____ Signature: _____

_____
Type or Print Name

_____
Type or Print Title/Position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, _____, _____
(Name)

Came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and
(B) executed this instrument as his/her own act.

_____.
(Notary public)
(Seal)

APPENDIX A: INSTRUCTIONS

For help with these forms, or to answer other questions related to the A-901 Program, feel free to contact us at the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625, or call (609) 292-6018 or 6019.

1. **WHO MUST COMPLETE THIS FORM:** Owners, officers, directors, partners, stockholders, and key employees of companies seeking a Temporary A901 License for Hurricane Sandy Cleanup must complete this form. The form is to be filed along with the Temporary Hurricane Sandy Cleanup Business Concern Disclosure Statement.

2. **ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. Provide a response in each section. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", with an explanation of why. Unanswered questions will result in the form being deemed incomplete and, therefore, returned for additional information.

3. **ANSWER COMPLETELY AND TRUTHFULLY.** You should not answer "Do Not Remember" or something similar simply because the information is not I mmediately at hand. You ce expected to make reasonable efforts to check your records so that you can answer the questions completely. Failure to answer truthfully may result in a denial or revocation of a business concern's application or license.

4. **ADDITIONAL SPACE.** If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears.

5. **TYPE OR PRINT YOUR ANSWER.** Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible.

6. **FINGERPRINTS. IF YOU LIVE OR WORK IN NEW JERSEY, OR WITHIN FIFTY MILES OF NEW JERSEY:**

New Jersey has changed from the traditional "ink and roll" method to the "Live Scan Method" for individuals who work or reside within an approximate 50 mile radius of New Jersey. After you have submitted your application, you will receive instructions from New Jersey State Police on the fingerprinting method.

IF YOU LIVE OR WORK FURTHER THAN FIFTY MILES FROM NEW JERSEY:

Individual equity holders, directors, officers or key employees who work and reside outside of a 50 mile radius of the State of New Jersey can obtain fingerprint cards at: http://www.state.nj.us/dep/dshw/a901/a901frms.htm. Follow the instructions that accompany the fingerprint cards. You can also contact the A-901 Unit for assistance at 609-292-6018.

WARNING

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF A LICENSE OR LOSS OF AUTHORIZATION TO ACT AS A LESSOR TO A LICENSEE OR PERMITTEE. IN ADDITION, ANY PERSON WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction will probably not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way -- For example, by writing "Do Not Remember". This may result in additional inquiries from the Department or the Attorney General's Office, but it will avoid the implication that you are trying to conceal information. However, you should not answer "Do not remember", simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

APPENDIX B: DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste or hazardous waste license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 22 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes owners, stockholders, officers, directors, partners, key employees and holders of debt liability. The term "shown to have a beneficial interest" is meant to cover situations where an individual has an informal interest that may not show up on a disclosure statement-- such as a regular cash payment from company funds.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnapping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except N.J.S.A. 2C:35-10 or possession of 84 grams or less of marijuana,
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A-1 et seq. or P.L. 1981, c. 221 (N.J.S.A.48:13A-6.1).

NOTICE: These descriptions are for information purposes only. For official text you must consult the statute, N.J.S.A. 13:1E-126 et seq., and its implementing regulations at N.J.A.C. 7:26-16.1 et seq.

APPENDIX C: REHABILITATION CRITERIA

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction where the applicant, a licensee or individual demonstrates "by clear and convincing evidence" the convicted person's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors when weighing the issue of rehabilitation for convicted individuals:

1. The nature and responsibilities of the position which a convicted individual would hold;
2. The nature and seriousness of the crime;
3. The circumstances under which the crime was committed;
4. The date of the crime;
5. The age of the individual when the crime was committed;
6. Whether the crime was an isolated or repeated act;
7. Any evidence of good conduct in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, or the recommendation of persons who have supervised the convicted individual since the conviction;
8. The full criminal record of the convicted individual, any record of civil or regulatory violations or notices or any complaints alleging any such civil regulatory violations, or any other allegations of wrong doing.

SEVERANCE OF DISQUALIFYING INDIVIDUALS

As an alternative to demonstrating "rehabilitation", an applicant or licensee may be able to avoid disqualification by severing the interest or affiliation of the person who would otherwise cause disqualification. Under a regulation of the Department, N.J.A.C. 7:26-16.11, companies that choose this course must completely sever the individual's interest or affiliation, and file an affidavit attesting to the terms of the removal.

Applicants and licensees should be aware that severing a disqualifying individual will not necessarily guarantee a license, especially if the presence of the disqualified individual evidences unreliability in the company management.

APPLICATION FOR TEMPORARY A901 LICENSE TO ASSIST WITH HURRICANE SANDY CLEANUP

In response to Hurricane Sandy and its aftermath, Governor Christie issued Executive Order 104 which declared a State of Emergency. The volume of solid and hazardous waste generated by Hurricane Sandy exceeds the capacity of the State's A901 licensed solid waste transportation and disposal industry. N.J.S.A. 13:1E-135(a)(2) authorizes the Department to issue a temporary A901 license authorizing an entity to broker, collect, transport or dispose of solid waste, if the Department determines that issuance is necessitated by the public interest. For the foregoing reason, the Department created a process for companies to apply for Temporary A901 licenses. You can start the process by filling out this form.

Company Name: _____ Date: _____

Information for Contact Individual:

Name: _____ Telephone #: _____

Address: _____

_____

Email Address: _____ Equipment Totals: _____

Do you currently own or lease equipment that can be used for waste transportation? Yes___ No___

Describe equipment: _____

Please read the following carefully and check off either [A] or [B]:

___[A] I have already submitted an application for a standard A901 license; please use the information already submitted to determine my eligibility for a Temporary Hurricane Sandy A901 License. I understand that Temporary A901 Licensure is a separate and distinct process from standard A901 licensure, and that the Department's decision concerning my Temporary A901 License Application has no bearing whatsoever on my application for a standard A901 License.

___[B] I have not submitted an application for an A901 license. Enclosed are the following:

[ ] Completed Temporary Hurricane Sandy Business Concern Disclosure Short Form

[ ] Completed Temporary Hurricane Sandy Personal History Disclosure Short Forms for all owners, officers, directors, debt holders and key employees of the applicant

[ ] Certified statement regarding the solid waste rates you will charge your customers

[ ] Proof of registration for your company to operate in the State of NJ

[ ] Proof of registration called "Register for Tax and Employer Purposes" with the NJ Division of Revenue. (All business registration and Tax/employer questions can be directed To the NJ Division of Revenue: (609) 292-9292, Or online at: http://www.nj.gov/treasury/revenue

I certify that I have answered all questions in these documents completely and truthfully, and that any attachments are true and accurate copies of the originals.

Signature _____ Date: _____