

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
County Environment & Waste Enforcement
Bureau of Solid Waste Compliance & Enforcement
PO Box 407
Trenton, NJ 08625-0407

**INSTRUCTIONS FOR COMPLETING
HAZARDOUS WASTE TRANSPORTER REGISTRATION APPLICATION (INITIAL)**

REGISTRATION PERIOD - JULY 1 to JUNE 30 Biennial (2-Year Period)

PAYMENT INFORMATION: DO NOT SEND PAYMENT AT THIS TIME – you will automatically be billed annually based on your manifested tonnage. Your bill will be sent in March of each calendar year.

SECTION A: Complete this section completely. **YOU MUST OBTAIN AN EPA ID NO. BEFORE SUBMITTING YOUR APPLICATION. (You must be in compliance with N.J.A.C. 7:26:16 before submitting your application).**

SECTION B: Enter the number of units to be registered by described vehicle type.

SECTION C: This application must be signed and dated by a ‘RESPONSIBLE OFFICIAL’. A "RESPONSIBLE OFFICIAL" is defined, for Corporations - all corporate officers; for Limited Partnerships - all partners; for Sole Proprietorships - the Proprietor; for Municipal, State, Federal or Public Agencies - all executive officers or ranking elected officials.

SECTION D: This section must be completed. **NOTE: Proof of insurance must be attached (Form MCS-90) or application will be rejected. (If MCS-90 is not applicable, submit other proof of insurance.)** Questions should be directed to your state or regional office of motor vehicle registration or Motor Vehicle Administration.

SAMPLE

SECTION E: List information for vehicles that you wish to register. Record the FULL vehicle identification number (VIN); print the proper two (2) letter State abbreviation; print the license plate number and the appropriate vehicle type (1, 2, 3 or 4). Attach additional sheets for more vehicles using the same format. **A readable copy of each motor vehicle registration must be included in your application package.** For each vehicle/unit being leased, you must also attach a copy of the executed lease agreement valid for the period that this registration will be in effect (VIN must be incorporated into the lease, or referenced to in an appendix or attachment), **AND the ORIGINAL NJDEP “Lease Certification”**. Vehicle overnight location must be submitted. Post Office Box addresses are not acceptable.

IMPORTANT: You must enter the complete VIN. Also, if you have more vehicles than the lines provided, attached additional sheet and include all items listed . Decals will not be issued for incomplete numbers and/or missing information.

You must also complete both: Mandatory Hazardous Waste Transporter Initial/Renewal Questionnaire; and Mandatory Proof Of Insurance And Authority To Operate forms attached, and submitted with this application package.

IF YOU HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE TO PROPERLY COMPLETE THE REGISTRATION FORM, CALL THE BUREAU AT (609) 292-7081.

SECTION C

BE SURE TO ALSO FILL OUT SECTIONS D and E on reverse.

DO NOT SEND PAYMENT AT THIS TIME - you will automatically be billed annually in March based on your manifested tonnage.

This is to certify that the information contained in and attached to this application is true, correct and complete to the best of my knowledge.

SECTION D

1. Has any owner, officer or employee of the firm seeking a license, been convicted of any criminal offense under state or federal law for acts or omissions involving the illegal handling, storage, transportation, processing or disposal of hazardous waste or for transactions involving hazardous waste in the last ten years? (7:26 G-7.2(a) 2,ii) **Yes** **No**

2. Have all transporter employees who will handle hazardous waste successfully completed a program of instruction that teaches them to perform their duties in a way that ensures the transporter's compliance with the New Jersey Hazardous Waste Regulations? **ONLY THOSE TRAINING PROGRAMS WHICH EMBRACE THE DEPARTMENT'S MINIMUM STANDARDS WILL BE CONSIDERED ACCEPTABLE.** (Hazardous Materials Transportation Act, 49 CFR Parts 171 through 180 as amended or supplemented) (N.J.A.C. 7:26 G-7.3) **Yes** **No**

3. Is the firm seeking a license in compliance with the minimum financial responsibility requirements covering public liabilities, property damage & environmental restoration set out in Sect. 30 of the Federal Motor Carrier Act of 1980 (23 USC 315) and 49 CFR 387 as adopted? **Yes** **No**

⇒ YOU MUST attach proof of the required financial responsibility. The proof shall consist of either Item 1 or 2:

1. "Endorsement(s) for Motor Carrier Policies of Insurance for Public Liability Under Sections 29 and 30 of the Federal Motor Carrier Act of 1980" (Form MCS-90) issued by an insurer(s); or,

2. A 'Motor Carrier Security Bond for Public Liability' Under Section 30 of the Federal Motor Carrier Act of 1980 (Form MCS-82) issued by a surety.

Please complete the following information below for ALL vehicles you wish to register. (attach addition sheets if necessary)

You must submit legible copies of all Motor Vehicle registrations, along with Proof of Insurance Found in section D above.

- 1. **VIN** - Vehicle Identification Number from vehicle registration
- 2. **OVERNIGHT LOCATION**-Address where vehicle can be inspected (NO PO BOX)
- 3. **STATE** – See below*
- 4.**LICENSE PLATE NO.** – Permanent License Plate Number
- 5.**VEHICLE TYPE*** – Use Number
- 6. **LEASED?** –If yes, submit Lease Agreement & Certification

SECTION E

| VIN NUMBER | STATE | PLATE # | VEHICLE TYPE * Use Number (see Section B) | LEASED YES OR NO | |
|--|-------|---------|--|---------------------|-------|
| OVERNIGHT ADDRESS Where vehicle can be inspected (NO PO Boxes) | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| VIN: <input type="text"/> | | | | | |
| Address: <input type="text"/> | | | | | |
| CONTAINERS ONLY Quantity : _____ | | XXX | XXXXXXXXX | C | XXXXX |

SAMPLE

* NJ - New Jersey NY – New York PA – Pennsylvania DE – Delaware Other States - Use your proper 2-letter abbreviation

MANDATORY
HAZARDOUS WASTE TRANSPORTER INITIAL/RENEWAL QUESTIONNAIRE

NOTE: In accordance with N.J.A.C. 7.26 G-7 the Department requires that all information requested (*as applicable*) be certified by the applicant, or an agent of the applicant, before the application for an initial registration or annual renewal can be considered. In accordance with N.J.A.C. 7.26 G-7, the applicant must be in compliance with N.J.A.C. 7:26:16 prior to registering any vehicles.

EPA ID# _____ Corporate Code#: _____

USDOT # _____

Name and Address of Registered Agent (if applicable) _____

Telephone Number of Registered Agent: () _____

1. Are any of the **Type 1** (hazardous waste cab); **Type 2** (attached unit less than one ton) or, **Type 4** (cab with permanently attached transport unit) listed on this initial or renewal application form leased? Yes No
2. Are any of the **Type 3 trailer** units listed on this initial or renewal application form leased? Yes No
3. Are any of the **Type 1** and **Type 3 trailer** units, which SAMPLE es No
4. For each **Type 1**, **Type 2**, and **Type 4** unit identification number, a legible copy of the executed lease agreement and lease certification valid for the period _____ (each a legible copy of the executed lease agreement and lease certification valid for the period _____ Vehicle Identification Number (VIN) must be incorporated into the lease, or referenced to in an appendix or attachment.) The lease must indicate a definite time period for the lease and a dollar amount for the cost of the rental. The lease shall also identify the company or person responsible for payment of gas, oil, maintenance and insurance for the equipment.
5. For each **Type 1** and **Type 3 trailer** combination owned by the same entity, please provide a lease, and lease certification as specified in item 4 above, for each **Type 3 trailer** unit.
6. A legible copy of each motor vehicle registration must be provided for all **equipment** and for **plate changes and VIN number corrections**.

"THE UNDERSIGNED HEREBY AFFIRMS AND CERTIFIES THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE."

Print Name of Responsible Official

Title

Signature of Responsible Official

Date

Office Phone #: () _____

Cell: () _____

Email address: _____ @ _____

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MANDATORY
PROOF OF INSURANCE AND AUTHORITY TO OPERATE

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(l) and N.J.A.C. 7:26G-7.2(b)7, permittees, licensees and exempt transporters shall, for purposes of solid waste and hazardous activities respectively and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

As a result of these requirements, applicants for vehicle registration must answer the following question and supply the Department with the required information. **Failure to do so will prevent the Department from issuing vehicle registrations.**

Does your company engage in hazardous waste transportation or interstate transportation of solid waste?
(Check the appropriate line) YES _____ NO _____

If you answered YES, or have a Federal DOT Number, identify your DOT number on the space provided:
USDOT _____

For leased equipment, provide their DOT numbers, if applicable (attach additional sheets as necessary):

Lessor USDOT number _____

Attach one of the following types of proof of insurance to this form:

- HAZARDOUS WASTE TRANSPORTERS: Provide a copy of your MCS-90 or MCS-82.**
Pursuant to **N.J.A.C. 7:26G-7.2(a)2i** proof of compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental damage set out in **49 C.F.R. Part 387**
- INTERSTATE SOLID WASTE TRANSPORTERS: Provide a copy of your MCS-90 or MCS-82.** **IF PUBLIC CONVENIENCE AND NECESSITY: Provide a copy of your MCS-90 or MCS-82.**
Pursuant to **N.J.A.C. 7:26H-1.21** evidence of insurance. **Any transporter of solid waste disposal shall file with the Department evidence of insurance or self-insurance, which shall be in accordance with the requirements prescribed by the Department.**
- All other SOLID WASTE TRANSPORTERS: Provide a copy of your Insurance Card, MCS-90, or MCS-82** (listing your company with vehicle information), **or a Certificate of Insurance** (listing your company as insured with the vehicle info or the phrase, "any vehicle").
Pursuant to **N.J.A.C. 7:26 3.2(a)6** registered Transporters must comply with NJMVC rules and regulations. **NOTE: Insurance cards or certificates of insurance will only be accepted from "intrastate" only, transporters.**



See guidance and Federal Motor Safety Carrier Administration contact information on the reverse side of this form.

CERTIFICATION: I, _____ am responsible for providing insurance
PRINT Name of Authorized Company Representative
for public liability and environmental restoration for any equipment that _____
PRINT Name of DEP Registered COMPANY
has registered with the Department of Environmental Protection to transport solid and/or hazardous waste, whether it is owned or leased. I further certify, my company has the proper authority to operate on the public highways
this _____ day of _____, 20 _____; _____
Signature of Authorized Company Representative Title

Additional Information & Guidance for Acceptable Proof of Insurance:

The Federal Motor Carrier Safety Administration (FMCSA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page is located at: <http://www.fmcsa.dot.gov/>

For specific motor carrier questions you can contact the FMCSA at:

<http://www.fmcsa.dot.gov/about/contact/who-to-contact/contactus.htm>

<http://www.fmcsa.dot.gov/about/contact/offices/displayfieldroster.asp>

(For Hazardous Waste and Interstate Solid Waste Transporters)

Q. Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)?

A. Guidance: No. The motor carrier has the responsibility to obtain the proper financial responsibility levels.

<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.asp?chunkKey=0901633480023256>

Q. What is the difference between interstate commerce and intrastate commerce?

A. *Interstate commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier. Intrastate commerce is trade, traffic, or transportation within a single State.*

<http://www.fmcsa.dot.gov/about/other/faq/fa>

SAMPLE

This material is abbreviated and being supplied for informational purposes only. You are still obliged to due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your exclusive use, possession, and control. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under our regulations.