



State of New Jersey

Christine Todd Whitman  
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.  
Commissioner

Division of Solid and Hazardous Waste  
Solid & Hazardous Waste Regulation Element  
401 East State Street  
CN 421  
Trenton, NJ 08625-0421  
Tel.#609-292-7081

Bureau of Hazardous Waste Regulation  
Conditionally Exempt Small Quantity Generator  
NJX PROGRAM APPLICATION FORM

Please complete all of the following information. An incomplete application will not be processed.

Company Name \_\_\_\_\_

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

Street City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from above)

Mail City \_\_\_\_\_ Mail State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ SIC Code \_\_\_\_\_

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

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ (including area code)

Emergency Phone Number \_\_\_\_\_  
(including area code)

Please check the category that applies to your operation.  
In a calendar month Generation Limits do not exceed:

\_\_\_ 100 kilograms of non-acutely hazardous wastes.

\_\_\_ 1 kilogram of acutely hazardous wastes.

\_\_\_ 100 kilograms of any residue or contamination soil, waste,  
or other debris resulting from the cleanup of a spill of  
acute hazardous waste.

List any previous EPA ID. numbers below (if applicable):

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I certify that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete and that the applicant meets the eligibility requirements of the Conditionally Exempt Small Quantity Generator NJX Number Program.

Signature \_\_\_\_\_  
(owner or operator)

Typed/  
Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_