

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

**REQUEST FOR ADDITIONAL SOLID WASTE AND/OR MEDICAL  
 TRANSPORTER REGISTRATION DECAL**

**SOLID AND/OR MEDICAL WASTE (ADD-ON Form)**

Date \_\_\_\_\_

NJ Secretary of State Filing # \_\_\_\_\_ USDOT # \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ DEP # \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Certified Check/Money Order No.: \_\_\_\_\_

1. **A legible copy of each motor vehicle registration** and proof of insurance in the name of NJDEP Registrant as requested on "Proof of Insurance and Authority to Operate" must be submitted for all "new" equipment added to your application regardless of ownership, and for plate changes and/or Vehicle Identification Number (VIN) corrections.
2. For Containers, write in the Quantity needed in the section below as indicated. No VIN or other numbers are required unless they are leased (see item 3.). (If your container has an identification number, please attach it on a separate piece of paper.)
3. For each unit identified in this request as LEASED\*, attach a legible copy of the executed **Lease Agreement** valid for the period that this registration will be in effect (the VIN must be incorporated into the lease, or referenced to in an appendix or attachment); **AND the original NJDEP Certification.**
4. **Payment** in the form of a CERTIFIED check or money order payable to: **"TREASURER, STATE OF NEW JERSEY"** must be submitted with this request.
5. Add-on requests are processed by appointment or mail only. Please call (609) 292-7081 to schedule an appointment or mail all required documents and payment to the address above, attention License & Registration Unit.

VIN NUMBER OVERNIGHT ADDRESS <small>(Where vehicle can be inspected, NO PO Boxes)</small>	STATE	PLATE #	VEHICLE TYPE * <small>(Use Letter)</small>	LEASED YES OR NO	DEP USE ONLY DECAL #
VIN: _____ Address: _____					
VIN: _____ Address: _____					
VIN: _____ Address: _____					
<b>CONTAINERS ONLY</b> Quantity : _____	XX	XXXXXXXX	C		

I hereby certify that the foregoing statements are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name \_\_\_\_\_

(print or type)

Title \_\_\_\_\_

Signature \_\_\_\_\_

Type of Vehicle*	Fee/Vehicle
1. Solid Waste Cab (M)	\$ 40.00
2. Solid Waste Trailer (T)	\$ 60.00
3. Solid Waste Container (C)	\$ 60.00
4. Solid Single Unit Vehicle (S)	\$100.00
5. Replacement Cab Card	\$ 10.00
<b>FULL</b> Fee effective May 1, 2009 - April 30, 2010	