

GreenStart Application for Compliance Assistance Consultation



Request for Compliance Assistance

Date: _____

Company Name _____

Mailing Address:

Street _____

City _____ Municipality _____

County _____ State _____ Zip code _____

Location Address (if different than mailing address):

Street _____

City _____ County _____

State _____ Zip Code _____

Contact Person _____

Title _____

Phone # _____

Fax # _____

Email Address _____

Do you have an environmental manager or environmental consultant? Yes No

If you are a small business, how many full-time employees do you have company-wide? _____

If you are a local government, how many residents do you serve? _____

Describe the nature of your business: _____

SIC Code (if known) _____

If you presently have existing NJDEP permits, on the following pages please insert the permit numbers where applicable.

Type of assistance requested (you may check more than one media program):

Air APC Plant Id#: _____

Permit #(s): _____

Description of assistance requested: _____

Water Permit #(s): _____

Description of assistance requested: _____

Hazardous USEPA ID#: NJ _____

Waste Description of assistance requested: _____

Solid Registration/Permit #: _____

Waste Registration/Permit Type: _____

Description of assistance requested: _____



Toxic TCPA Id#: _____

Catastrophe Description of assistance requested: _____

Prevention _____

Act _____

Discharge Facility Id#: _____

Prevention, Description of assistance requested: _____

Containment _____

& Counter- _____

measures _____

Right to Employer Identification Number (EIN): _____

Know Description of assistance requested: _____

Pesticide Registration Number: _____

Control Description of assistance requested: _____



* Are you currently involved with the Department in any ongoing enforcement matters? Yes No

If so, describe: _____

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. Any false information provided in the application could result in the rejection of the GreenStart request. The Department will waive penalties for the vast majority of violations but reserves the right to issue penalties for severe environmental or public health issues. The Department will assist the facility in addressing any minor violations without penalty, with the provision of a grace period not to exceed 90 days, in accordance with N.J.S.A. 13:1D-125 et seq.

Signature _____

* The Department will not provide on-site compliance assistance under this pilot program in connection with any matter that is the subject of an ongoing investigation or pending enforcement action.

Is there any other type of assistance you need from the Department? Yes No

If so, describe: _____

Mail, Fax, or Email completed application to:

NJDEP - Office of Local Environmental Management
9 Ewing Street, 1st Floor
Mail Code 09-01A
PO Box 420
Trenton, NJ 08625-0420

Phone: (609) 292-1305
Fax: (609) 292-3991
Email: GreenStart@dep.state.nj.us

