

Dry Cleaner Equipment Removal Reimbursement Program

Application Form

Facility ID #		
Facility Name		Phone Number
Facility Location	Street Address	City
Mailing Address	_____ _____ _____	

Description of Dry Cleaning System to be removed (Make , Model, Size)
Permit Number - _____

Type of Grant Being Applied For (Check One Only)
Priority 1 -Removal of Perchloroethylene Dry Cleaning Machine from a Facility Co-Located with a Residence Priority 2 - Removal of a Perchloroethylene Dry Cleaning Machine previously covered under a GP-12 Permit and ineligible for a new GP-12A permit Priority 3 - Removal of a 3 rd Generation Perchloroethylene Dry Cleaning Machine Priority 4 - Removal of a 4 th Generation Perchloroethylene Dry Cleaning Machine covered under a NJDEP Air Permit approved on or before January 1, 2000

CONDITIONS REQUIRED FOR APPROVAL
<ol style="list-style-type: none">1. Equipment listed above must still be on-site and must be inspected by the Department prior to removal.2. Equipment must be covered under a valid NJDEP Air Permit or equipment previously covered under a valid GP-12 permit must be rendered inoperable, meaning the electric supply is disconnected and all perchloroethylene removed and disposed of properly, if the permit has expired.3. Any facility applying for this grant must have no outstanding air penalties or fees due to the Department, or agent thereof. Agents of the Department will include any Department approved agency under the County Environmental Health Act.4. Any Machine removed under this grant shall not be reinstalled within the State of New Jersey

Signature of Company Official:

_____ Date: _____

Print Name: _____ Title: _____

“I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.”