



New Jersey Department of Environmental Protection Toxic Catastrophe Prevention Act (TCPA) Program



RISK MANAGEMENT PROGRAM DE-REGISTRATION FORM

Today's Date:		
TCPA ID Number:		
De-Registration Effective Date:		
Facility Name:		
Facility Address:		
Address Line 2:		
City:	State: New Jersey	Zip Code:

Select (Check) Reason for De-registration:

- Facility reduced inventory of all regulated substances below Threshold Quantities
- Facility no longer uses any regulated substance
- Facility terminated operations
- Other: _____

I, _____, certify the above Facility as of the above effective date
(Name of Facility Qualified Person)

is no longer covered by the Toxic Catastrophe Prevention Act Program rules, N.J.A.C. 7:31.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fines or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature of Qualified Person

Date

Official Title

Please mail the completed de-registration form promptly to:

Attention: RMP De-registration
New Jersey Department of Environmental Protection
Bureau of Release Prevention
PO Box 420, Mail Code 22-03D
Trenton, NJ 08625-0420

If you prefer to send your de-registration form by certified mail, courier or overnight mail (e.g., Fed Ex, UPS, etc.), please address it to:

Attention: RMP De-registration
New Jersey Department of Environmental Protection
Bureau of Release Prevention
401 East State Street, 7th Floor
Trenton, NJ 08625