

**BANK LETTERHEAD  
BANK INFORMATION  
(BANK ADDRESS and TELEPHONE)**

STANDBY LETTER OF CREDIT

Applicant: (Name of company, Address, Phone, Contact Person)

Beneficiary:

New Jersey Department of Environmental Protection  
Site Remediation Program  
Bureau of Enforcement and Investigations  
Mail Code 401-06U  
P.O. Box 420  
Trenton, NJ 08625-0420  
Attn: Remediation Funding Source Coordinator

USD\$

RE: NJDEP SITE NAME  
NJDEP SITE ADDRESS  
NJDEP Program Interest # and/or ISRA case # (e.g., E20120001)

Dear Sir or Madam:

We hereby establish our irrevocable Standby Letter of Credit number \_\_\_\_ in your favor, at the request and for the account of **Applicant** up to the aggregate amount of [\$.00 (written dollar amount)], available upon presentation by you of:

- (1) Your sight draft, bearing reference to this Irrevocable Standby Letter of Credit number, and
- (2) Your signed statement reading as follows:

“I certify that the amount of the draft is issued and payable in accordance with N.J.S.A. 58:10B-3 and N.J.A.C. 7:26C-5 et seq.”

This Letter of Credit is effective as of (DATE) and shall expire on (DATE) but such expiration date shall be automatically extended for a period of at least one (1) year on (DATE) and on each successive expiration date, unless, at least 120 days before the current expiration date, we notify both NJDEP at the above referenced address and **Applicant** by certified mail that we have decided not to extend this letter of credit beyond the current expiration date. In the event you are so notified any unused portion of the credit shall be available upon presentation of your sight draft for 120 days after the

date of receipt by both the New Jersey Department of Environmental Protection and (Applicant) as shown on the signed return receipts.

Whenever this Letter of Credit is drawn on under and in compliance with the terms of this Credit, we shall duly honor each draft upon presentation to us, and we shall deposit the amount of the draft directly in accordance with your instructions.

This credit is subject to the most recent versions of the Uniform Customs and Practice for Documentary credits established by the International Chamber of Commerce.

Lender Signature \_\_\_\_\_ DATE \_\_\_\_\_

Printed name of Signatory: \_\_\_\_\_

Bank Contact Information: (Bank address, contact person and telephone #)

**CERTIFICATION**

**The person with the obligation to establish the remediation funding source has the obligation to execute and submit the certification required by N.J.A.C 7:26C-1.5(b)2, not any other person establishing the remediation funding source pursuant to N.J.A.C. 7:26C-5 et seq.**

I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 and P.L.2013, c.283 as they pertain to remediation funding sources. Specifically, I am aware of the responsibilities to establish and maintain the remediation funding source. Additionally, I acknowledge that the remediation funding source as required by N.J.A.C. 7:26C-5 shall be maintained in the appropriate amount and form until such time as an alternative remediation funding source is submitted to the Department and it has been approved by the Department in writing or the Department determines that it is no longer necessary to maintain a remediation funding source.

I certify that the language of this Remediation Funding Source instrument does not deviate in any way from the language in the Department's model Remediation Funding Source instrument found at [www.nj.gov/dep/srp/guidance/rfsguide/](http://www.nj.gov/dep/srp/guidance/rfsguide/).

I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement that I do not believe to be true. I am also

aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for all resulting penalties.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: [TYPE FULL NAME OF INDIVIDUAL SIGNING CERTIFICATION]

Title: [TYPE TITLE OF INDIVIDUAL SIGNING CERTIFICATION]