

January 2009

Site Remediation Program
Bureau of Enforcement & Investigations
401 E. State Street, 5th Floor West
Post Office Box 028
Trenton, NJ 08625-0028
Fax (609) 633-1439

RE: Application to Self -Guarantee

Dear Applicant:

Enclosed is a Self-Guarantee Application for your use. This application is prepared in conjunction with N.J.A.C. 7:26C-7.7. Please be advised that only a responsible party, or a party obligated under a Remediation Agreement, Administrative Consent Order or Order may establish a Self-Guarantee.

Please ensure the application is completed in its entirety, certified and notarized. Attach the most current fiscal year end **audited** financial statements prepared in accordance with the American Institute for Certified Public Accountants guidelines, including but not limited to: income statement, balance sheet and statement of cash flow (example: Annual Report or 10-K Form). Submit the application and audited financial statements to:

Site Remediation Program
Bureau of Enforcement & Investigations
401 East State Street, 5th Floor West
PO Box 028
Trenton, NJ 08625
Attn: Remediation Funding Source Coordinator

Upon receipt and review of your application, the Department will issue an approval letter valid for one year. To continue to Self-Guarantee, a new application must be submitted annually 30 days prior to the expiration date of the currently approved application. Failure to maintain a remediation funding source is a non-minor violation pursuant to N.J.A.C. 7:26C-10 and may be subject to penalties.

Should you have any questions, please feel free to contact Michelle Sebyesten at (609) 984-4467 or by email at Michelle.Sebestyen@dep.state.nj.us

Sincerely,

Tina Layre, Supervisor

SELF-GUARANTEE APPLICATION

This application is prepared in conjunction with N.J.A.C. 7:26C-7.7.

Please send the completed form to:

Site Remediation Program
Bureau of Enforcement and Investigations
401 East State Street, 5th Floor West
P.O. Box 028
Trenton, NJ 08625-0028
Fax (609) 633-1439
Attn: Remediation Funding Source Coordinator

Only a responsible party, or a party obligated under a Remediation Agreement, Administrative Consent Order or Order may establish a Self Guarantee.

ALL INFORMATION MUST BE COMPLETED BELOW.
YOUR APPLICATION WILL BE REJECTED IF
INFORMATION IS NOT COMPLETED IN ITS ENTIRETY.

An application for Self-Guarantee must include the following information:

1. Site information:

NJDEP PI # or ISRA #: _____

NJDEP Program Site Name: _____

Site location: _____

Oversight Document Type and Dated executed: _____

Party who executed oversight document:

2. **Self-Guarantee Applicant's Information:**

Company: _____

Contact Person: _____

Address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Relationship to Responsible Party: _____

3. **Amount of Remediation Funding Source to be posted (this must be the amount equal to or greater than the amount required in the Remediation Agreement, Administrative Consent Order, Order or an amount otherwise (decrease) approved by DEP Case Manager.)**

\$ _____

4. a. **Estimated remaining cost of remediation (must be same as 3 above and approved/accepted by DEP)**

\$ _____

- b. **Estimated cost of remediation for the next 12-month period**

\$ _____

5. **The following Financial Documentation from the *MOST CURRENT* Fiscal Year End MUST be attached:**

- **Audited** financial statements prepared in accordance with the American Institute for Certified Public Accountants guidelines, including but not limited to: **income statement, balance sheet and statement of cash flow.**

6. PLEASE FILL IN ITEMS 6 (a)-(c) BELOW. THE INFORMATION PROVIDED SHOULD COME FROM THE FINANCIAL DOCUMENTATION PROVIDED IN ITEM #4. NEXT TO EACH VALUE, PLEASE INDICATE THE PAGE ON WHICH THE INFORMATION CAN BE FOUND.

The following statements are to be made from the chief financial officer or similar officer of _____ (Self-Guarantor) and that the information provided in the written statements is true to the best of the officer's information, knowledge and belief and meets the requirements of N.J.S.A. 58:10B-3(f):

- a. Does the required remediation funding source amount exceed one-third of the applicant's net worth? _____ YES _____ NO

Self Guarantor's Net Worth (pg._____) \$ _____

One-third of above \$ _____

- b. Is cash flow sufficient to assure the availability of sufficient monies for the remediation? _____ YES _____ NO

Self Guarantor's Net Cash provided by operating activities (pg._____) \$ _____

- c. Do the gross receipts (revenues) exceed gross payments (expenses) in an amount at least equal to or greater than the estimated cost of remediation to be performed in the next 12-month period? _____ YES _____ NO

Gross Receipts (revenues) (pg._____) \$ _____

Gross Payments (cost and expenses excluding interest and tax) (pg._____) \$ _____

Net Income \$ _____

The aforementioned statement should be certified and notarized in accordance with N.J.A.C. 7:26C-1.2(a)2.

CERTIFICATIONS

“I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 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-7 shall be maintained 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 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, which 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 the penalties.”

Date: _____

By: _____
Signature

Print Full Name Signed Above

Title