



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program

**AUTHORIZATION FORM TO SUBMIT A CONFIRMED
DISCHARGE NOTIFICATION (CDN) OR GENERAL
INFORMATION NOTICE (GIN) THROUGH NJDEP ONLINE**

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____
Street Address: _____
Municipality: _____ (Township, Borough or City)
County: _____ Zip Code: _____
Program Interest (PI) Number(s): _____

SECTION B. STATEMENT OF AUTHORIZATION

Authorization to submit a: *(check all that apply)*

- Confirmed Discharge Notice (CDN)
- General Information Notice (GIN)

I authorize the person named below to submit the Notice(s) indicated above for the Program Interest Number(s) noted above. I understand that I am assuming full responsibility that the information provided on my behalf is true, accurate, and complete.

Authorized Person

First Name: _____ Last Name: _____
Title/Position: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Telephone Number: _____ Ext: _____ Fax: _____
Email Address: _____

SECTION C. CERTIFICATION BY THE PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Full Name of Person Responsible for Conducting the Remediation: _____
Representative First Name: _____ Representative Last Name: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Telephone Number: _____ Ext: _____ Fax: _____
Email Address: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. 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.

Signature: _____ Date: _____
Name/Title: _____