

# **PERSONAL HISTORY DISCLOSURE STATEMENT FOR A901 APPLICANTS**

Mail to:

Environmental Permitting and Counseling Section, A901 Unit  
25 Market Street, P.O. Box 093  
Trenton, NJ 08625-0093  
(609) 376-3270

Name of the business concern in connection with which you are filing this form:

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Your name and mailing address:

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## PART I: IDENTIFYING DATA

1. Full Legal Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_

4. Home Address:

\_\_\_\_\_

When did you move into this home? Month: \_\_\_\_\_ Year: \_\_\_\_\_  Owned  Rented

Name & Address of Landlord or Mortgage Holder:

\_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Phone: *You must provide your phone numbers even if they are unlisted. We keep this information strictly confidential.*

\_\_\_\_\_

Home

Business

Mobile

7. PHYSICAL ASPECTS: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race (For identification purposes only): \_\_\_\_\_

\_\_\_\_\_

Distinctive markings or characteristics: (e.g., tattoos)

8. PLACE OF BIRTH: \_\_\_\_\_  
(City) (State, Province, etc.) (Country)

9. ARE YOU A MEMBER OF A UNION, TRADE OR BUSINESS ASSOCIATION?

No  Yes: Local # and Name: \_\_\_\_\_

**10. OTHER NAMES:** Have you ever used a name other than the one you listed for Question #1? If so, list below. Please include nicknames, stage names, pseudonyms, aliases, maiden names, previous married names and any names you used at work or in school.

**Name:** \_\_\_\_\_ **Dates Used:** \_\_\_\_\_

Why did you use this name? \_\_\_\_\_

Court Venue (for legal name changes only): \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dates Used:** \_\_\_\_\_

Why did you use this name? \_\_\_\_\_

Court Venue (for legal name changes only): \_\_\_\_\_

**11. DRIVER'S LICENSES:** Include Passenger Driver's Licenses, Articulated Driver's Licenses and Commercial Driver's Licenses. Use additional copies of this page, as necessary.

Number	State	Expiration Date
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Number	State	Expiration Date
--------	-------	-----------------

Number	State	Expiration Date
--------	-------	-----------------

**12. RESIDENCES:** List every address where you have resided for the past five years. Please include any second homes, vacation homes or seasonal residences. Use additional copies of this page, as necessary.

**Address:** \_\_\_\_\_

From Month/Year \_\_\_\_\_ / \_\_\_\_\_ to Month/Year \_\_\_\_\_ / \_\_\_\_\_  Owned  Rented

\_\_\_\_\_  
Name & Address of Landlord or Mortgage Holder

**Address:** \_\_\_\_\_

From Month/Year \_\_\_\_\_ / \_\_\_\_\_ to Month/Year \_\_\_\_\_ / \_\_\_\_\_  Owned  Rented


\_\_\_\_\_  
Name & Address of Landlord or Mortgage Holder

**Address:** \_\_\_\_\_

From Month/Year \_\_\_\_\_ / \_\_\_\_\_ to Month/Year \_\_\_\_\_ / \_\_\_\_\_  Owned  Rented

\_\_\_\_\_  
Name & Address of Landlord or Mortgage Holder

**13. PHOTOGRAPH:** Please attach a recent and clear photograph of yourself below using the "Attach" button or attachments tool.

A large, empty rectangular box with a thin black border, intended for the user to attach a photograph of themselves.

## PART II: FAMILY

### 14. MARITAL STATUS:

Single     Married/Civil Union     Divorced     Separated     Widowed

### 15. SPOUSE/CIVIL PARTNER INFORMATION

**(You must answer this question even if you are separated or divorced.)**

Spouse/Civil Partner's Full Legal Name: \_\_\_\_\_

Maiden/Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage/Union: \_\_\_\_\_ Place of Marriage/Union: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Death (if deceased): \_\_\_\_\_

### Is your spouse/civil partner involved in this business?

No     Yes, describe it what capacity:

### 16. CHILDREN: Do you have children? Choose one: No    Yes

You must include adopted children and stepchildren.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

**17. PARENTS AND SPOUSE/PARTNER'S PARENTS**

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If Deceased, Provide Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If Deceased, Provide Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Check here if the address is the same

Spouse/Partner Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If Deceased, Provide Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Spouse/Partner Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If Deceased, Provide Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Check here if the address is the same

**18. BROTHERS AND SISTERS.** Include adopted siblings, stepsiblings, and half siblings.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

**19. NAMES OF PERSONS RESIDING WITH YOU**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**20. RELATIVES IN THE WASTE INDUSTRY:** Have any of your relatives ever owned, worked for, or been involved with any company that manages solid or hazardous waste?  
No  Yes , Provide the following information:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
Company Name Position Held by Your Relative

\_\_\_\_\_  
Company Address

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
Company Name Position Held by Your Relative

\_\_\_\_\_  
Company Address

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
Company Name Position Held by Your Relative

\_\_\_\_\_  
Company Address



**21. RELATIVES INVOLVED WITH THE APPLICANT:** Have any of your relatives or family members been involved with operations of the applicant?

No  Yes , Provide the following information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### **PART III: EXPERIENCE AND BUSINESS PLAN**

**22.** Describe your experience and credentials, if any, in the brokerage, collection, transportation, processing, treatment, or disposal of recyclables, solid waste, hazardous waste or soil and fill recyclable material. You may supplement your answer by attaching a résumé or a list of professional achievements and publications.

Check here if additional documents are attached.

**23.** Do you currently hold a Transporter Registration issued by NJDEP? Have you ever held a Transporter Registration?  No  Yes,

Name of Registrant: \_\_\_\_\_ Registration #: \_\_\_\_\_

Name of Registrant: \_\_\_\_\_ Registration #: \_\_\_\_\_

**24.** If you obtain an A901 License, what work do you plan to do? Please attach any documents you possess to support your answer, including business plans, correspondence with customers or vendors, contracts, or bid submissions.  Check here if additional documents are attached.

**PART IV: EDUCATION & EMPLOYMENT HISTORY**

**25. EDUCATION:** List all schools and degree programs that you have attended, starting with the most recent and dating back to high school.

**School/Program:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Start Date                                      Completion/Withdrawal Date                                      Major

**School/Program:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Start Date                                      Completion/Withdrawal Date                                      Major

**School/Program:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Start Date                                      Completion/Withdrawal Date                                      Major

**26. PRESENT EMPLOYER:** \_\_\_\_\_

Type of Business or Organization: \_\_\_\_\_

Address:

Starting Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

**27. PREVIOUS EMPLOYMENT:** List all previous employment including part-time employment for the last five years or since age 18, whichever is longer. Begin with most recent employment and work backwards. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

**Employer's Name:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
From To Position Held

\_\_\_\_\_  
Supervisor's Name Reason for Leaving

**Employer's Name:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
From To Position Held

\_\_\_\_\_  
Supervisor's Name Reason for Leaving

**Employer's Name:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
From To Position Held

\_\_\_\_\_  
Supervisor's Name Reason for Leaving

**Employer's Name:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
From To Position Held

\_\_\_\_\_  
Supervisor's Name Reason for Leaving

## PART V: BUSINESS INTERESTS

**28. OWNERSHIP SHARES.** Do you currently hold an equity share in any business concern?     No     Yes, please provide the following information:

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_

**29. DEBTHOLDER STATUS.** Do you currently hold any debt in any business concern?     No     Yes, please provide the following information:

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Amount of Debt Held: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Amount of Debt Held: \_\_\_\_\_

**30. MANAGEMENT POSITIONS.** Are you currently a partner, officer, director, manager or supervisor with any business concern?

No  Yes, please provide the following information:

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_

**31. SOLID WASTE/HAZARDOUS WASTE COMPANIES.** In the last ten years, have you been involved with or worked for any company in the waste industry or the recycling industry?  No  Yes, please provide the following information:

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

Nature of Your Participation: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

Nature of Your Participation: \_\_\_\_\_

**32.** Did any of the companies named in your answers to Questions #28 or 29 ever receive a license revocation or suspension, in this state or any other jurisdiction, for activities occurring during the period of your ownership or participation?

No     Yes, please provide a detailed description:

---

**33. TAX OBLIGATIONS:** Do you have any past due tax debts, or any unfiled past-due tax returns? Does any business you own, or control, have any past due tax debts, or any unfiled past-due tax returns?

No     Yes, please provide a detailed description:

---

**34. TAX LIENS:** Has any municipality, county, state or the IRS filed a lien against you for nonpayment of taxes at any time in the past ten years?

No     Yes, please provide a detailed description:

---

Has any municipality, county, state or the IRS filed a lien against any property owned by you for nonpayment of taxes at any time in the past ten years?

No     Yes, please provide a detailed description:

---

Check here if additional documents are attached.

**35. BANKRUPTCY:** Have you filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last ten years?

No  Yes, please provide the following information:

Has any business that you owned or controlled filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last ten years?

No  Yes, please provide the following information:

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter:  7  11  13 Disposition: \_\_\_\_\_

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter:  7  11  13 Disposition: \_\_\_\_\_

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter:  7  11  13 Disposition: \_\_\_\_\_

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter:  7  11  13 Disposition: \_\_\_\_\_



## PART VI: LICENSES AND VIOLATIONS

**36. NEW JERSEY DIVISION OF CONSUMER AFFAIRS:** Do you currently hold a license or registration issued by the New Jersey Division of Consumer Affairs?

No  Yes, please provide the following information:

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever held such a license or registration?

No  Yes, please provide the following information:

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**37. LICENSES:** List all licenses, registrations or permits held by you or any business concern owned or controlled by you, within the last ten years, for the collection, transportation, treatment or disposal of recyclables, solid waste or hazardous waste, or soil and fill recyclable materials. Please include licenses from USEPA and other states.

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Type of License: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Type of License: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Type of License: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Type of License: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**38. ENVIRONMENTAL VIOLATIONS:** List any notice issued to you, or to any company owned or controlled by you, within the last ten years, alleging a violation of any law or regulation pertaining to protection of the environment.

Please include any Notice of Violation, Notice of Prosecution, Administrative Order, Administrative Action, Citation, Permit Revocation, or any similar document. If the disposition was resolved through a settlement agreement or consent order, please attach a copy of the same.

**Person/Business Cited:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Person/Business Cited:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Person/Business Cited:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Person/Business Cited:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

Check here if additional documents are attached.

**PART VII: CIVIL, MUNICIPAL AND CRIMINAL PROCEEDINGS**

**39. CIVIL LITIGATION:** Have you been a plaintiff or a defendant in any civil action within the last ten years (other than a divorce or separation proceeding)?

No  Yes, please provide the following information:

**Caption of Case:** \_\_\_\_\_

Nature of Suit: \_\_\_\_\_

Status or Disposition: \_\_\_\_\_

\_\_\_\_\_  
Venue

\_\_\_\_\_  
Docket Number

\_\_\_\_\_  
Date Filed

**Caption of Case:** \_\_\_\_\_

Nature of Suit: \_\_\_\_\_

Status or Disposition: \_\_\_\_\_

\_\_\_\_\_  
Venue

\_\_\_\_\_  
Docket Number

\_\_\_\_\_  
Date Filed

**40.** Have you ever been summoned, subpoenaed, interviewed, or required to testify by any municipal, county, state, or federal agency, or other investigative body, for a criminal or civil matter?  No  Yes, please provide the following information:

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

\_\_\_\_\_  
Reason for & description of testimony

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

\_\_\_\_\_  
Reason for & description of testimony

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

\_\_\_\_\_  
Reason for & description of testimony



**42. EVIDENCE OF REHABILITATION:** If you have been convicted of, or pled guilty to, any of the crimes listed in the Instructions, you are disqualified from participation in the New Jersey waste industry: unless you can demonstrate rehabilitation from the crime by clear and convincing evidence. N.J.S.A. 13:1E-133(b). The rehabilitation factors NJDEP will consider are set forth in the Instructions and N.J.S.A. 13:1E-133(c). If you have been convicted of or pled guilty to any disqualifying crime, please take this opportunity to set forth any evidence of your rehabilitation. Attach additional sheets if necessary. Attach any additional documents you wish NJDEP to consider, for example: letters of recommendation, descriptions of volunteer work, certificates from rehabilitation programs, or certificates from schools or training programs.

Check here if additional pages/documents are attached.

## **PART VIII: CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBER**

I, \_\_\_\_\_, hereby certify that I have read the Notice on this page and I consent to the disclosure of my social security number for the limited purposes set forth therein.

### Notice required under the Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a(note), any government agency which requests that an individual disclose his Social Security account number must inform that individual by what statutory or other authority such number is solicited, what uses will be made of it, and whether the disclosure is mandatory or voluntary.

The New Jersey Department of Environmental Protection is authorized to request Social Security numbers by N.J.S.A. 13:1E-127(e), the section of the Solid Waste Management Act that defines the content of the Personal History Disclosure Statement.

The Social Security number is used as a secondary identifier when the State Police conduct checks of criminal history records maintained by the State and Federal governments. When the State Police obtain records from these sources, the State Police will use the Social Security number to confirm that the records pertain to the individual under investigation.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Federal Privacy Act of 1974, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, confirmation of identification may take longer without a Social Security number, which would lengthen the State Police investigation and thereby delay decisions on licensure. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

### PART IX: CERTIFICATION

I, \_\_\_\_\_, do hereby certify that the information in this Personal History Disclosure Form is true and is provided in accordance with the instructional material accompanying the document. I have read the instructions, including the notice on Social Security Numbers, accompanying this Personal History Disclosure Form. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive or misleading answers will result in my debarment from the New Jersey waste and fill industry, as well as the denial of my company's A901 application or revocation of my company's A901 license.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of \_\_\_\_\_ )

)

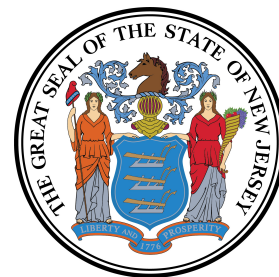
County of \_\_\_\_\_ )

)

On \_\_\_\_\_, I, \_\_\_\_\_,  
Date Name of Notary Public

witnessed \_\_\_\_\_  
Name of Signatory

sign this Certification as his or her own act.



Notary Public Signature: \_\_\_\_\_

If this Personal History Disclosure Statement was prepared by a person other than the individual signing this certification, (for example an attorney or an assistant), please provide that person's information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## PART X: RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the IRS) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

I, \_\_\_\_\_,  
Name

have authorized the New Jersey Attorney General to conduct an investigation into my background for the purpose of determining my fitness to participate in the New Jersey waste and fill industry, in accordance with N.J.S.A. 13:1E-126 et seq.

Therefore you are hereby authorized to release any and all information and documents pertaining to me, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of \_\_\_\_\_ )

)

)

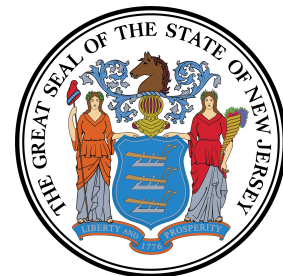
County of \_\_\_\_\_ )

On \_\_\_\_\_, I, \_\_\_\_\_,  
Date Name of Notary Public

witnessed \_\_\_\_\_  
Name of Signatory

sign this Release Authorization as his or her own act.

Notary Public Signature: \_\_\_\_\_





## **APPENDIX A: INSTRUCTIONS AND FINGERPRINTS**

The instructions to complete this form and the instructions to obtain fingerprints are available at: <https://www.nj.gov/dep/dshw/a901/a901frms.htm>. If you need help with these forms, or you have questions related to the A901 Program, please contact us at **609-376-3270**.