



State of New Jersey
DEPARTMENT of ENVIRONMENTAL PROTECTION

COMMON CONTROL SELF-DECLARATION FORM

Return to: NJDEP, Bureau of Air Permits, 401 E. State Street, 2nd floor, P.O. Box 420, Mail Code 401-02 Trenton, NJ 08625-0420
For assistance call (609) 633-8248

FACILITY NAME _____

PROGRAM INTEREST (PI) _____

This facility is co-located with another facility on a single site or on contiguous or adjacent sites and shares the same two-digit Major Group Standard Industrial Classification (SIC) code.

No: Skip Questions 1 through 4 and complete the Certification.

Yes: Provide the name of the other facility below, answer Questions 1 through 4, and complete the Certification.

OTHER FACILITY NAME _____

PROGRAM INTEREST (PI) _____

Answer all questions.		Yes	No
1	Does this facility share common workforces, plant managers, any corporate executive officers <u>OR</u> any board members with the other facility?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does this facility share production equipment <u>OR</u> pollution control equipment with the other facility?	<input type="checkbox"/>	<input type="checkbox"/>
3	If there are any contractual or other arrangements between this facility and the other facility (other than a lease), does the contract or arrangements provide operational control, financial control, exclusive supply and/or exclusive acceptance of all raw material (not including offsite utilities such as gas, water, electric), or expansion decision rights for one party over the other?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is there any contract or other arrangement with a third party or parties that effectively links this facility and the other facility to a common source of control by the same person or persons?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to one or more questions in the above table, the Department will consider the two facilities listed above to be under common control and as one "facility" as defined in N.J.A.C. 7:27-8.1 (non-major facilities) and N.J.A.C. 7:27-22.1 (major facilities), unless your facility can demonstrate to the Department's satisfaction that common control is not applicable.

CERTIFICATION

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

FACILITY RESPONSIBLE OFFICIAL

RESPONSIBLE OFFICIAL'S SIGNATURE (N.J.A.C.7:27-1.4)		RESPONSIBLE OFFICIAL'S NAME (PRINT)	RESPONSIBLE OFFICIAL'S TITLE	DATE
TELEPHONE	EMAIL (OPTIONAL)		COMPANY NAME	PI