

2019 ANNUAL UPDATE

Please **email** a scanned copy and retain the original for your records or mail the original hard copy **ONLY** if scanning is not available.

New Jersey Department of Law & Public Safety Division of Law
Environmental Enforcement Section, ATTENTION: A901 Unit
25 Market Street, P.O. Box 093 Trenton, New Jersey 08625-0093
Ruth Wells @ 609-376-2834 OR Richard Kennedy @609-376-2768

A901MAIL@LAW.NJOAG.GOV

(new email address and phone numbers)

Company Name: _____

Alternate or Trade Names _____

Mailing Address: _____

Physical Address: _____

(For Overnight Mail Use If Necessary, No PO Boxes)

Company Phone Number: _____

Company Email Address: _____

Company Website: _____

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

Please Only list an Attorney, Owner or Key Employee that can discuss company information

Name: _____

Title: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Only One Email Address

Please submit this update by November 1, 2018

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

LOCATIONS. Please list **ALL** physical locations where equipment is stored for use in New Jersey:

Address: _____

Description of Property Use _____

Property Owner: _____

Address: _____

Description of Property Use _____

Property Owner: _____

Address: _____

Description of Property Use _____

Property Owner: _____

Please provide a summary of the work your company has done, since the submission of your last update, relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of waste.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

BROKERS AND CONSULTANTS

Under the Unit Resources menu at NJDEP's website: The following link is a list of All Licensed Brokers. <http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm>. Provide a list of ALL brokers and consultants your company currently uses?

1. Name: _____ Phone #: _____

Description of Services Rendered:

2. Name: _____ Phone #: _____

Description of Services Rendered:

3. Name: _____ Phone #: _____

Description of Services Rendered:

EQUIPMENT AND DRIVERS

How many pieces of equipment, and how many drivers, does your company use for waste transportation in New Jersey?

Single Units _____

Cabs _____

Trailers _____

Containers _____

Drivers _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

LEASES

DO YOU CURRENTLY LEASE EQUIPMENT OR DRIVERS? YES _____ NO _____

If the answer is **YES**, complete the following information:

(a) **DRIVERS.** Does the lessor lease twenty or more drivers to your company?

Yes [] No []

(b) **EQUIPMENT AND DRIVERS.** Does the lessor lease ten or more pieces of equipment AND ten or more drivers to your company?

Yes [] No []

(c) **TWENTY PERCENT THRESHOLD.** Does the lessor lease ten or more pieces of equipment to your company AND does that leased equipment constitute at least twenty percent of your company's total equipment?

Yes [] No []

If any of the companies lease equipment or drivers from meet **any** of the three criteria above, the licensee must have that lessor file a Business Concern Disclosure Statement for Lessors, as well as Personal History Disclosure Statements for all owners, directors, officers and key employees of that lessor. N.J.A.C. 7:26-16.6(i), (j) and (k). <http://www.nj.gov/dep/dshw/a901/a901frms.htm>

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

LEASED CONTINUED

1. Name of Lessor: _____

Address: _____

Contact person: _____ Phone #: _____

of pieces of equipment leased: _____ # of drivers leased: _____

2. Name of Lessor: _____

Address: _____

Contact person: _____ Phone #: _____

of pieces of equipment leased: _____ # of drivers leased: _____

Please obtain the lessor's Operating Status and Safety Rating from USDOT's SAFER website at <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx> and provide them below.

Operating Status: _____

Safety Rating _____

N.J.A.C. 7:26-3.2(1) requires your company to select lessors with appropriate qualifications. Lessors with an Operating Status of OUT-OF-SERVICE or NOT AUTHORIZED, or a Safety Rating of UNSATISFACTORY, do not meet this standard. Using lessors without these necessary qualifications is a violation of N.J.A.C. 7:26-3.2(1).

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

DEFINITION

EMPLOYEES AND ALL NEW INDIVIDUALS Please be advised that ALL NEW INDIVIDUALS must sign the attached Consent Form for Disclosure of Social Security Numbers and must submit a Personal History Disclosure Statement within thirty days.

DEBT HOLDER: Please list any individual or company that holds any Debt Liability Ownership of this company.

KEY EMPLOYEE: Please list any individual employed by your company in a supervisory capacity, or empowered to make discretionary decisions with respect to waste operations within New Jersey. N.J.S.A. 13:1E-127(f). *****(Attach additional sheets if necessary) add to 100%***** May Use Debtholders/Non Chartered Leading Institutes or similar

CURRENT and NEW INDIVIDUALS ONLY NEED TO BE LISTED ONCE.

OFFICERS

1. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

2. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

3. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

4. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

DIRECTORS

1. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

2. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

3. Name of Officer: _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

DEBT HOLDERS

1. Name of Debt Holder: _____

SS #: _____ DATE OF BIRTH: _____

Balance of Amount Owed: \$ _____ FEID #: _____

Date of Debt: _____ to _____ % of interest: _____

2. Name of Debt Holder: _____

SS #: _____ DATE OF BIRTH: _____

Balance of Amount Owed: \$ _____ FEID #: _____

Date of Debt: _____ to _____ % of interest: _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

LLC MEMBER

1. Name of LLC Member: _____

SS #: _____ DATE OF BIRTH: _____

Job Title: _____

Date that interest was obtained: _____ / _____ % of interest: _____

2. Name of LLC Member: _____

SS #: _____ DATE OF BIRTH: _____

Job Title: _____

Date that interest was obtained: _____ / _____ % of interest: _____

3. Name of LLC Member: _____

SS #: _____ DATE OF BIRTH: _____

Job Title: _____

Date that interest was obtained: _____ / _____ % of interest: _____

EQUITY HOLDERS

1. Individual or Name of Company: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % of interest: _____

2. Individual or Name of Company: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % of interest: _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

KEY EMPLOYEE

1. Name of Key Employee _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

2. Name of Key Employee _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

3. Name of Key Employee _____ Job Title: _____

SS #: _____ DATE OF BIRTH: _____

Start Date: _____ / _____

DEBARRED INDIVIDUALS.

DO YOU HAVE ANY INDIVIDUALS THAT ARE INVOLVED IN YOUR COMPANY AND ARE DEBARRED FROM OPERATING IN THE SOLID WASTE INDUSTRY.

YES _____ NO _____

(If you answered NO proceed to the next question)

List all individuals involved with this company in any capacity whatsoever whether as employee, independent contractor, consultant, landlord, tenant, debtholder or equity holder who have ever been debarred from the New Jersey or New York waste industries. You can find a list of the individuals debarred from the New Jersey waste industry at <http://www.state.nj.us/dep/dshw/a901/a901frms.htm> and from New York at: <https://www1.nyc.gov/site/bic/index.page>

Name: _____

Involvement: _____

Date of Birth: _____

OWNERSHIP CHART

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

Please provide a chart detailing this company's ownership structure.

If the Licensee/Applicant is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, supply a chart showing the names, FEID numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Include ultimate parents. This question applies to related companies in any business, not just the solid waste or hazardous waste business.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

UPDATE OF ENVIRONMENTAL VIOLATIONS

List all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders, Administrative Actions, civil complaints, Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued since the submission of your last update to:

- a. The applicant, any predecessor of the applicant, or any previous name under which the applicant operated;
- b. Subsidiaries: Any business in which the applicant holds at least 25% of equity or debt liability;
- c. Sister companies: Any business in which the applicant's parent company holds more than 25% of the equity or debt liability; or
- d. Any Owner, Officer, Director, Partner, Joint Venturer or Key Employee of the applicant, or any business concern owned or controlled by any such individual;

by any local, state or federal environmental enforcement agency, including the New Jersey Department of Environmental Protection, the New Jersey Board of Public Utilities, and the United States Environmental Protection Agency. Include a copy of each document. Use additional copies of this page, as necessary.

DO YOU HAVE ANY ENVIRONMENTAL VIOLATIONS: YES _____ NO _____
(If you answered NO proceed to the next question)

Name of entity cited: _____

Date of issuance: _____ Amount of penalty or damages: \$ _____

Issuing Agency: _____

Description of Allegations:

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

REGULATORY

DO YOU HAVE ANY OTHER REGULATORY VIOLATIONS: YES _____ NO _____
(If you answered NO proceed to the next question)

Name of entity cited: _____

Date of issuance: _____ Amount of penalty or damages: \$ _____

Issuing Agency: _____

Description of Allegations:

UPDATE OF CIVIL LITIGATION AND JUDGMENTS

DO YOU HAVE ANY JUDGMENTS

YES _____ NO _____

(If you answered NO proceed to the next question)

JUDGMENTS. List all judgments of liability in excess of \$60,000 rendered against your company since the submission of your last update. You need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Caption of case: _____

Docket #: _____ Venue: _____

Date judgment or order entered: _____ Amount of judgment: \$ _____

Description of Case

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

DO YOU HAVE ANY PENDING LITIGATION

YES _____ NO _____

(If you answered NO proceed to the next question)

PENDING LITIGATION. List all civil suits and arbitration cases in which your company is presently involved as a party. You need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; or suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Caption of case: _____

Docket #: _____ Venue: _____

Description of Case

BANKRUPTCY

HAVE YOU OR YOUR COMPANY CLAIMED BANKRUPTCY OR ARE IN THE PROCESS OF CLAIMING BANKRUPTCY SINCE YOUR LAST UPDATE:

YES _____ NO _____

(If you answered NO proceed to the next question)

Venue: _____

Docket #: _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

CRIMINAL MATTERS

Since the submission of your last update, has any individual listed in this update:

Received a summons complaint, been arrested,
or been indicted for any violation of the law? Yes [] No []

Had a criminal record expunged, or been
accepted into a Pre-Trial Intervention (“PTI”)
or Conditional Discharge or Diversion
Program? Yes [] No []

Been charged with Driving While Intoxicated? Yes [] No []

If you answered yes to any of these questions, provided a detailed description of each incident. Please include a description of the alleged offense, the sentence imposed, the location of the incident, and the date of the incident.

***False or inaccurate answers to this question will result in denial of your application or possible revocation of your license and a penalty of up to \$50,000. N.J.A.C. 7:26-5.6.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

Each **new** individual whose Social Security number is listed in the Involved Individuals section must submit a signed copy of this form.

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 Section 7(b) of 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 that asks an individual to disclose his or her 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 A901 statute that defines the extent of disclosure required under the A901 licensure program. An applicant's 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 outside sources, the Social Security number may be used to determine whether 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 an A901 application, revoke an A901 license or impose any penalty because of an individual's refusal to disclose his or her Social Security number. However, confirmation of identification and criminal history records without a Social Security number may take longer, which would lengthen the State Police investigation and thereby lengthen a decision on licensure.

Signature

Date

Printed name

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

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 I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of _____, I, _____,
(Complete Name of Business Entity) (Name of Authorized Individual)

authorize the Attorney General of New Jersey to conduct an investigation into the background of the said enterprise for the purpose of determining the fitness of the enterprise to participate in the New Jersey waste industry, in accordance with N.J.S.A. 13:1E-126 to -135.

I hold the authority to sign this Release Authorization. Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, 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.

Dated: _____ Signature: _____

Type or Print Name

Type or Print Title/Position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____
(Name)

Came before me in person and stated to my satisfaction that he/she:

- (A) made the attached instrument; and
- (B) executed this instrument as his/her own act.

(Notary public)
(Seal)

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.

INFORMAL INFORMATION

The purpose of this form is to update the original disclosure statements that your company filed with the New Jersey Department of Environmental Protection. N.J.A.C. 7:26-16.6(c). You **must** respond to every question, even if the answer has not changed since your last update. Inadvertent omissions will reflect poorly on your company's reliability, integrity, competency & expertise and could constitute grounds for denial of your A901 application or revocation of your A901 license. N.J.S.A. 13:1E-133(a). Deliberate concealment of any information constitutes grounds for immediate denial or revocation. N.J.S.A. 13:1E-134.

Incomplete update forms will be returned. Failure to submit a complete Annual Update will result in suspension of your NJDEP equipment decals, followed by denial of your A901 application or revocation of your A901 license. N.J.S.A. 13:1E-128(b), N.J.A.C. 7:26-3.2(f)(1).

If your company uses or plans to use any trade name or alternate name, you must register the name in accordance with N.J.S.A. 14A:2-21 (for corporations), N.J.S.A. 42:2B-4 (for limited liability companies) or N.J.S.A. 42:2A-6.1 (for limited partnerships). List all alternate names and attach proof of registration.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A" WILL BE RETURNED.