

2021 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 Permitting and Licensing 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

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, Key Employee or Solid Waste Consultant that can
discuss company information**

NAME: _____

TITLE: _____

OFFICE PHONE: _____ CELL PHONE: _____

EMAIL: _____

Only One Email Address

Please submit this update by November 1, 2020

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: _____

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.

BROKERS AND CONSULTANTS

UNDER THE UNIT RESOURCES MENU AT NJDEP'S WEBSITE: THE FOLLOWING LINK IS A LIST OF ALL LICENSED BROKERS. WWW.WASTEDECALS.NJ.GOV WHEN THE WEB PAGE OPENS SCROLL DOWN TO **DATA MINER**. CHOOSE BROKERS TO SEE THE LIST. 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: _____

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 _____

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). <https://www.nj.gov/dep/dshw/a901/a901frms.htm>

1. 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](http://safer.fmcsa.dot.gov/companynapshot.aspx) AND PROVIDE THEM BELOW.

OPERATING STATUS: _____ SAFETY RATING _____

N.J.A.C. 7:26-3.2(L) 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(L).

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

FAMILY MEMBER: PLEASE LIST ANY FAMILY MEMBER THAT WORKS FOR THE COMPANY REGARDLESS OF THE POSITION THAT THEY HOLD WITHIN THE COMPANY THAT IS RELATED TO AN OWNER, OFFICER OR DIRECTOR OF THE COMPANY BY BLOOD OR MARRIAGE. EVEN IF THEY ARE NOT PAID A SALARY.

CURRENT and NEW INDIVIDUALS ONLY NEED TO BE LISTED ONCE.

SOLE PROPRIETORSHIP

1. NAME OF MEMBER: _____

SS #: _____ DATE OF BIRTH: _____

JOB TITLE: _____

DATE THAT INTEREST WAS OBTAINED: _____ % OF INTEREST: _____

DEBT HOLDERS

DEBT HOLDER: A Debt Holder is an Individual or Company that receive a percentage of ownership in exchange for a loan.

1. NAME OF DEBT HOLDER: _____

SS #: _____ DATE OF BIRTH: _____

BALANCE OF AMOUNT OWED: \$ _____ FEID #: _____

DATE OF DEBT: _____ TO _____ % OF INTEREST: _____

EQUITY HOLDERS: INDIVIDUALS OR NAME OF PARENT COMPANY

1. INDIVIDUAL OR NAME OF PARENT COMPANY: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

2. INDIVIDUAL OR NAME OF PARENT COMPANY: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

3. INDIVIDUAL OR NAME OF PARENT COMPANY: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

OFFICERS

1. NAME OF OFFICER: _____ JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____

START DATE: _____ % OF INTEREST OWNED _____

2. NAME OF OFFICER: _____ JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____

START DATE: _____ % OF INTEREST OWNED _____

3. NAME OF OFFICER: _____ JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____

START DATE: _____ % OF INTEREST OWNED _____

DIRECTORS

1. NAME OF DIRECTOR: _____

JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____ START DATE: _____

2. NAME OF DIRECTOR: _____

JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____ START DATE: _____

3. NAME OF DIRECTOR: _____

JOB TITLE: _____

SS #: _____ DATE OF BIRTH: _____ START DATE: _____

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: _____

FAMILY MEMBERS

Please list any family member of any officer, director, partner, key employee, employed or otherwise engaged by the applicant.

1. NAME OF INDIVIDUAL: _____

SS #: _____ DATE OF BIRTH: _____ % OF INTEREST _____

2. NAME OF INDIVIDUAL: _____

SS #: _____ DATE OF BIRTH: _____ % OF INTEREST: _____

3. NAME OF INDIVIDUAL: _____

SS #: _____ DATE OF BIRTH: _____ % OF INTEREST: _____

KEY EMPLOYEE

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).

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: _____

SALES PERSONS

Please list any individual employed by your company who makes or arranges for sales for the applicant with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company with New Jersey. N.J.S.A. 13:1E-127(f).

1. NAME: _____

SS #: _____ DATE OF BIRTH: _____

2. NAME: _____

SS #: _____ DATE OF BIRTH: _____

CONSULTANTS

Please list any person who performs functions for the applicant, who does not already hold a professional license from the State of New Jersey.

1. NAME: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

2. NAME: _____

SS #: _____ DATE OF BIRTH: _____

FEID #: _____ % OF INTEREST: _____

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](http://www.state.nj.us/dep/dshw/a901/a901frms.htm) AND FROM NEW YORK AT: [HTTPS://WWW1.NYC.GOV/SITE/BIC/INDEX.PAGE](https://www1.nyc.gov/site/bic/index.page)

NAME: _____

INVOLVEMENT: _____

DATE OF BIRTH: _____

OWNERSHIP CHART

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.

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: _____

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: _____

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.

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

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 _____
(COMPLETE NAME OF BUSINESS ENTITY)

I, _____
(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: _____

OWNER OR AUTHORIZED SIGNATURE: _____

NAME OF INDIVIDUAL SIGNING: _____

SIGNATURE OF ATTORNEY OR NOTARY _____

ATTORNEY/NOTARY PUBLIC OF _____

DATE SIGNED: _____

COMMISSION NO: _____ COMMISSION EXPIRES ON: _____

2021 ANNUAL UPDATE CERTIFICATION

THIS CERTIFICATION MUST BE READ AND SIGNED BY AN OWNER, OFFICER, OR DIRECTOR OR KEY EMPLOYEE OF YOUR COMPANY.

I, _____
HEREBY CERTIFY THAT I HAVE READ, IN ITS ENTIRETY, THE ATTACHED COMPLETED ANNUAL 2020
UPDATE OF

FULL NAME OF BUSINESS ENTITY

AND THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT MY COMPANY'S EMPLOYEES AND AGENTS HAVE MADE A DILIGENT EFFORT TO HONESTLY AND THOROUGHLY RESPOND TO THE INQUIRIES IN THIS UPDATE. I HAVE ENSURED THAT THE INFORMATION PROVIDED ON THIS UPDATE HAS BEEN VERIFIED. I AM AWARE THAT IF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO CRIMINAL PROSECUTION. I ACKNOWLEDGE THAT MAKING ANY WILLFULLY FALSE STATEMENTS IN THIS UPDATE CONSTITUTES GROUNDS FOR IMMEDIATE DENIAL OF MY COMPANY'S A901 APPLICATION OR REVOCATION OF MY COMPANY'S A901 LICENSE.

DATED: _____

OWNER OR AUTHORIZED SIGNATURE: _____

NAME OF INDIVIDUAL SIGNING: _____

SIGNATURE OF ATTORNEY OR NOTARY _____

ATTORNEY/NOTARY PUBLIC OF _____

DATE SIGNED: _____

COMMISSION NO: _____ COMMISSION EXPIRES ON: _____

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.

PLEASE ANSWER EVERY QUESTION. MOST QUESTIONS HAVE A YES OR NO RESPONSE. IF THAT CHOICE IS NOT AVAILABLE FOR A QUESTION AND THE QUESTION DOES NOT PERTAIN TO YOU PLEASE ANSWER WITH EITHER NO OR NONE. DO NOT LEAVE ANY QUESTIONS BLANK. DO NOT ANSWER ANY QUESTIONS WITH N/A.

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.

PLEASE BE ADVISED THAT WE ARE ACCEPTING ELECTRONIC SIGNATURES THIS YEAR ON THE UPDATE.