

## SECOND LEVEL (PARENT COMPANY) 2023 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 # 609-376-3270  
[A901MAIL@LAW.NJOAG.GOV](mailto:A901MAIL@LAW.NJOAG.GOV)

**ONLY USE THIS FORM IF YOUR COMPANY IS OWNED BY A PARENT COMPANY. ALL SECOND LEVEL PARENT COMPANIES OF THE APPLICANT OR LICENSEE ARE REQUIRED TO FILE A SECOND LEVEL ANNUAL UPDATE**

"PARENT COMPANIES" INCLUDE ANY BUSINESS CONCERN WHICH HOLDS ANY EQUITY OR DEBT LIABILITY IN THE APPLICANT OR LICENSE-HOLDER ITSELF, OR WHICH HOLDS, DIRECTLY OR THROUGH ANOTHER ENTITY, ANY DEBT LIABILITY OR EQUITY IN A PARENT COMPANY. IN OTHER WORDS, ALL BUSINESS ENTITIES "UPSTREAM" OF THE APPLICANT OR LICENSE HOLDER, I.E. PARENTS, GRANDPARENTS, GREAT-GRANDPARENTS, ETC. MUST FILE SECOND-LEVEL BUSINESS CONCERN DISCLOSURE STATEMENTS. PLEASE PROVIDE AN ORGANIZATIONAL CHART.

SECOND LEVEL COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_

COMPANY EMAIL ADDRESS: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

FEID NUMBER: \_\_\_\_\_

**NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS (Provide the contact information for an Attorney, Owner, Key Employee, or Solid Waste Consultant who can discuss company information. Provide ONE email address. Provide a mailing address that can be used for overnight mail if necessary - NO P.O. BOXES.):**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**You must submit this update by November 1, 2022.**

**WE ARE ACCEPTING ELECTRONIC SIGNATURES THIS YEAR ON THE UPDATE.**



DIRECTORS/OFFICERS/KEY EMPLOYEES  
FAMILY MEMBERS/DEBT HOLDERS OR TRUSTEES  
(Attach additional pages as necessary.)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SS #: \_\_\_\_\_

Circle one:

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                      TRUSTEE                      FAMILY MEMBER

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SS #: \_\_\_\_\_

Circle one:

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                      TRUSTEE                      FAMILY MEMBER

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SS #: \_\_\_\_\_

Circle one:

DIRECTOR                      OFFICER                      KEY EMPLOYEE

DEBT HOLDER                      TRUSTEE                      FAMILY MEMBER







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



**YOU MUST SIGN AND NOTARIZE BOTH SECTIONS OF THIS PAGE**

**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: \_\_\_\_\_ PRINT NAME OF INDIVIDUAL OF SIGNING: \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE: \_\_\_\_\_

SIGNATURE OF ATTORNEY OR NOTARY \_\_\_\_\_

ATTORNEY/NOTARY PUBLIC OF \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

COMMISSION NO: \_\_\_\_\_ COMMISSION EXPIRES ON: \_\_\_\_\_

**2023 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 2022 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: \_\_\_\_\_ NAME OF INDIVIDUAL OF SIGNING: \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE: \_\_\_\_\_

SIGNATURE OF ATTORNEY OR NOTARY \_\_\_\_\_

ATTORNEY/NOTARY PUBLIC OF \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

COMMISSION NO: \_\_\_\_\_ COMMISSION EXPIRES ON: \_\_\_\_\_