

**SECOND LEVEL (PARENT COMPANY)
2025 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

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, 2024.
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

OTHER REGULATORY VIOLATIONS:

DO YOU HAVE ANY OTHER, NON-ENVIRONMENTAL REGULATORY VIOLATIONS?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

NAME OF ENTITY CITED: _____

DATE OF ISSUANCE: _____ AMOUNT OF PENALTY OR DAMAGES: \$ _____

ISSUING AGENCY: _____

DESCRIPTION OF ALLEGATIONS: _____

UPDATE OF CIVIL LITIGATION AND JUDGMENTS

ARE THERE ANY JUDGMENTS AGAINST YOUR COMPANY?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

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. ATTACH ADDITIONAL PAGES, AS NECESSARY.

CAPTION OF CASE: _____

DOCKET #: _____ VENUE: _____

DATE JUDGMENT OR ORDER ENTERED: _____

AMOUNT OF JUDGMENT: \$ _____

DESCRIPTION OF CASE: _____

IS THERE ANY PENDING LITIGATION AGAINST YOUR COMPANY?

CIRCLE ONE: YES NO

(If you answered NO proceed to the next section.)

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. ATTACH ADDITIONAL PAGES, AS NECESSARY.

CAPTION OF CASE: _____

DOCKET #: _____ VENUE: _____

DESCRIPTION OF CASE: _____

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: _____

2025 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 2025 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: _____