

PERSONAL HISTORY DISCLOSURE STATEMENT FOR A901 APPLICANTS

Mail to:

Environmental Permitting and Counseling Section, A901 Unit
25 Market Street, P.O. Box 093
Trenton, NJ 08625-0093
(609) 376-3270

Name of the business concern in connection with which you are filing this form:

Your name and mailing address:

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PART I: IDENTIFYING DATA

1. Full Legal Name: _____

2. Date of Birth: _____ 3. Social Security Number: _____

4. Home Address: _____

When did you move into this home? Month: ____ Year: _____ [] Owned [] Rented

Name & Address of Landlord or Mortgage Holder

5. Email Address: _____

6. Phone: *You must provide your phone numbers even if they are unlisted. We keep this information strictly confidential.*

_____ Home Business Mobile

7. PHYSICAL ASPECTS: Height: _____ Weight: _____ Age: _____ Sex: _____

Hair Color: _____ Eye Color: _____ Race (For identification purposes only): _____

_____ Distinctive markings or characteristics: (e.g., tattoos)

8. PLACE OF BIRTH: _____
(City) (State, Province, etc.) (Country)

9. ARE YOU A MEMBER OF A UNION, TRADE OR BUSINESS ASSOCIATION?
[] No [] Yes: Local # and Name: _____

10. OTHER NAMES: Have you ever used a name other than the one you listed for Question #1? If so, list below. Please include maiden names, nicknames, previous married names, stage names, pseudonyms, aliases and any names you used at work or in school.

Name: _____ **Dates Used:** _____

Why did you use this name? _____

Court Venue (for legal name changes only): _____

Name: _____ **Dates Used:** _____

Why did you use this name? _____

Court Venue (for legal name changes only): _____

11. DRIVER'S LICENSES: Include Passenger Driver's Licenses, Articulated Driver's Licenses and Commercial Driver's Licenses. Use additional copies of this page, as necessary.

Number	State	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number	State	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number	State	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. RESIDENCES: List every address where you have resided for the past five years. Please include any second homes, vacation homes or seasonal residences. Use additional copies of this page, as necessary.

Address: _____

From Month/Year _____ to Month/Year _____ []Owned []Rented

Name & Address of Landlord or Mortgage Holder

Address: _____

From Month/Year _____ to Month/Year _____ []Owned []Rented

Name & Address of Landlord or Mortgage Holder

Address: _____

From Month/Year _____ to Month/Year _____ []Owned []Rented

Name & Address of Landlord or Mortgage Holder

12. PHOTOGRAPH: Please attach a recent clear photograph of yourself below or on a separate page. Local police departments which handle fingerprinting are usually equipped to take acceptable photographs, but any clear, recent photograph is acceptable. Equity holders, partners, officers, and key employees of second-level companies are not required to attach photographs.



Place Clear Photo Here

PART II: FAMILY

13. MARITAL STATUS:

Single Married/Civil Union Divorced Separated Widowed

14. SPOUSE/CIVIL PARTNER INFORMATION

Spouse/Civil Partner's Full Legal Name: _____

Maiden/Birth Name: _____ Date of Birth: _____

Date of Marriage/Union: _____ Place of Marriage/Union: _____

Current Employer: _____ Current Occupation: _____

Social Security #: _____ Date of Death (if deceased): _____

Is your spouse/civil partner involved in this business?

No Yes, describe in what capacity: _____

15. CHILDREN: Include adopted children and stepchildren.

Name: _____ **Date of Birth:** _____

Occupation: _____ Birthplace: _____

Address: _____

Name: _____ **Date of Birth:** _____

Occupation: _____ Birthplace: _____

Address: _____

Name: _____ **Date of Birth:** _____

Occupation: _____ Birthplace: _____

Address: _____

Name: _____ **Date of Birth:** _____

Occupation: _____ Birthplace: _____

Address: _____

16. PARENTS AND SPOUSE/PARTNER'S PARENTS

Father's Full Name: _____

Address: _____ Date of Birth: _____

If deceased, provide date

Mother's Full Name: _____

Address: _____ Date of Birth: _____

 Check here if the address is the same_____
If deceased, provide date

Spouse/Partner Father's Full Name: _____

Address: _____ Date of Birth: _____

If deceased, provide date

Spouse/Partner Mother's Full Name: _____

Address: _____ Date of Birth: _____

 Check here if the address is the same_____
If deceased, provide date**17. BROTHERS AND SISTERS.** Include adopted siblings, stepsiblings, and half siblings.

Name: _____ Date of Birth: _____

Occupation: _____ Birthplace: _____

Name: _____ Date of Birth: _____

Occupation: _____ Birthplace: _____

Name: _____ Date of Birth: _____

Occupation: _____ Birthplace: _____

Name: _____ Date of Birth: _____

Occupation: _____ Birthplace: _____

18. NAMES OF PERSONS RESIDING WITH YOU

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

19. RELATIVES IN THE WASTE INDUSTRY: Have any of your relatives ever owned, worked for, or been involved with any company that manages solid or hazardous waste?
No Yes , Provide the following information:

Name: _____ **Relationship:** _____ **Date of Birth:** _____

Company Name

Position Held by Your Relative

Company Address

Name: _____ **Relationship:** _____ **Date of Birth:** _____

Company Name

Position Held by Your Relative

Company Address

Name: _____ **Relationship:** _____ **Date of Birth:** _____

Company Name

Position Held by Your Relative

Company Address Check here if additional copies of this page are attached.

20. RELATIVES INVOLVED WITH THE APPLICANT: Have any of your relatives or family members been involved with operations of the applicant?

No Yes , Provide the following information:

Name: _____ Relationship: _____

Date of Birth: _____ Title: _____

Start Date: _____ End Date: _____

Name: _____ Relationship: _____

Date of Birth: _____ Title: _____

Start Date: _____ End Date: _____

Name: _____ Relationship: _____

Date of Birth: _____ Title: _____

Start Date: _____ End Date: _____

Name: _____ Relationship: _____

Date of Birth: _____ Title: _____

Start Date: _____ End Date: _____

Check here if additional copies of this page are attached.

PART III: EXPERIENCE AND BUSINESS PLAN

20. Describe your experience and credentials, if any, in the brokerage, collection, transportation, processing, treatment, or disposal of recyclables, solid waste, hazardous waste or soil and fill recyclable material. You may supplement your answer by attaching a résumé or a list of professional achievements and publications. Check here if additional documents are attached.

21. Do you currently hold a Transporter Registration issued by NJDEP? Have you ever held a Transporter Registration? No Yes,

Name of Registrant: _____ Registration #: _____

Name of Registrant: _____ Registration #: _____

22. If you obtain an A901 License, what work do you plan to do? Please attach any documents you possess to support your answer, including business plans, correspondence with customers or vendors, contracts, or bid submissions. Check here if additional documents are attached.

PART IV: EDUCATION & EMPLOYMENT HISTORY

23. EDUCATION: List all schools and degree programs that you have attended, starting with the most recent and dating back to high school.

School/Program: _____ **Degree:** _____

Address: _____

Start Date

Completion/Withdrawal Date

Major

School/Program: _____ **Degree:** _____

Address: _____

Start Date

Completion/Withdrawal Date

Major

School/Program: _____

Address: _____

Start Date

Completion/Withdrawal Date

Major

24. PRESENT EMPLOYER: _____

Type of Business or Organization: _____

Address: _____

Starting Date: _____ Phone #: _____

Your Title/Position: _____

25. PREVIOUS EMPLOYMENT: List all previous employment including part-time employment for the last five years or since age 18, whichever is longer. Begin with most recent employment and work backwards. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Employer's Name: _____

Employer's Address: _____

From To Position Held

Supervisor's Name Reason for Leaving

Employer's Name: _____

Employer's Address: _____

From To Position Held

Supervisor's Name Reason for Leaving

Employer's Name: _____

Employer's Address: _____

From To Position Held

Supervisor's Name Reason for Leaving

Employer's Name: _____

Employer's Address: _____

From To Position Held

Supervisor's Name Reason for Leaving

PART V: BUSINESS INTERESTS

26. OWNERSHIP SHARES. Do you currently hold an equity share in any business concern? No Yes, please provide the following information:

Company Name: _____

Business Address: _____

Type of Business: _____

Your Position: _____

Company Name: _____

Business Address: _____

Type of Business: _____

Your Position: _____

27. DEBTHOLDER STATUS. Do you currently hold any debt in any business concern?
 No Yes, please provide the following information:

Company Name: _____

Business Address: _____

Type of Business: _____

Amount of Debt Held: _____

Company Name: _____

Business Address: _____

Type of Business: _____

Amount of Debt Held: _____

28. MANAGEMENT POSITIONS. Are you currently a partner, officer, director, manager or supervisor with any business concern?

No Yes, please provide the following information:

Company Name: _____

Business Address: _____

Type of Business: _____

Your Position: _____

Company Name: _____

Business Address: _____

Type of Business: _____

Your Position: _____

29. SOLID WASTE/HAZARDOUS WASTE COMPANIES. In the last ten years, have you been involved with or worked for any company in the waste industry or the recycling industry? No Yes, please provide the following information:

Company Name: _____

Business Address: _____

Type of Business: _____

Dates of Participation: _____

Nature of Your Participation: _____

Company Name: _____

Business Address: _____

Type of Business: _____

Dates of Participation: _____

Nature of Your Participation: _____

30. Did any of the companies named in your answers to Questions #28 or 29 ever receive a license revocation or suspension, in this state or any other jurisdiction, for activities occurring during the period of your ownership or participation?

No Yes, please provide a detailed description:

31. TAX OBLIGATIONS: Do you have any past due tax debts, or any unfiled past-due tax returns? Does any business you own, or control, have any past due tax debts, or any unfiled past-due tax returns?

No Yes, please provide a detailed description:

32. TAX LIENS: Has any municipality, county, state or the IRS filed a lien against you for nonpayment of taxes at any time in the past ten years?

No Yes, please provide a detailed description:

Has any municipality, county, state or the IRS filed a lien against any property owned by you for nonpayment of taxes at any time in the past ten years?

No Yes, please provide a detailed description:

Check here if additional documents are attached.

33. BANKRUPTCY: Have you filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last ten years?

No Yes, please provide the following information:

Has any business that you owned or controlled filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last ten years?

No Yes, please provide the following information:

Date of Petition: _____ **Venue:** _____

Chapter: 7 11 13 Disposition: _____

Date of Petition: _____ **Venue:** _____

Chapter: 7 11 13 Disposition: _____

PART VI: LICENSES AND VIOLATIONS

34. NEW JERSEY DIVISION OF CONSUMER AFFAIRS: Do you currently hold a license or registration issued by the New Jersey Division of Consumer Affairs?

No Yes, please provide the following information:

Name of Licensee: _____ **License #:** _____

Type of License: _____ Expiration Date: _____

Have you ever held such a license or registration?

No Yes, please provide the following information:

Name of Licensee: _____ **License #:** _____

Type of License: _____ Expiration Date: _____

35. LICENSES: List all licenses, registrations or permits held by you or any business concern owned or controlled by you, within the last ten years, for the collection, transportation, treatment or disposal of recyclables, solid waste or hazardous waste, or soil and fill recyclable materials. Please include licenses from USEPA and other states.

Name of Licensee: _____ **License #:** _____

Date Issued: _____ Type of License: _____

Issuing Agency: _____ Expiration Date: _____

Name of Licensee: _____ **License #:** _____

Date Issued: _____ Type of License: _____

Issuing Agency: _____ Expiration Date: _____

Name of Licensee: _____ **License #:** _____

Date Issued: _____ Type of License: _____

Issuing Agency: _____ Expiration Date: _____

Name of Licensee: _____ **License #:** _____

Date Issued: _____ Type of License: _____

Issuing Agency: _____ Expiration Date: _____

36. ENVIRONMENTAL VIOLATIONS: List any notice issued to you, or to any company owned or controlled by you, within the last ten years, alleging a violation of any law or regulation pertaining to protection of the environment.

Please include any Notice of Violation, Notice of Prosecution, Administrative Order, Administrative Action, Citation, Permit Revocation, or any similar document. If the disposition was resolved through a settlement agreement or consent order, please attach a copy of the same.

Person/Business Cited: _____ **Date Issued:** _____

Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Person/Business Cited: _____ **Date Issued:** _____

Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Person/Business Cited: _____ **Date Issued:** _____

Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Person/Business Cited: _____ **Date Issued:** _____

Location of Alleged Violation: _____

Issuing Agency: _____ Disposition: _____

Check here if additional documents are attached.

PART VII: CIVIL, MUNICIPAL AND CRIMINAL PROCEEDINGS

37. CIVIL LITIGATION: Have you been a plaintiff or a defendant in any civil action within the last ten years (other than a divorce or separation proceeding)?

No Yes, please provide the following information:

Caption of Case: _____

Nature of Suit: _____

Status or Disposition: _____

Venue

Docket Number

Date Filed

Caption of Case: _____

Nature of Suit: _____

Status or Disposition: _____

Venue

Docket Number

Date Filed

38. Have you ever been summoned, subpoenaed, interviewed, or required to testify by any municipal, county, state, or federal agency, or other investigative body, for a criminal or civil matter? No Yes, please provide the following information:

Date: _____

Agency: _____

Reason for & description of testimony

Date: _____

Agency: _____

Reason for & description of testimony

Date: _____

Agency: _____

Reason for & description of testimony

39. MUNICIPAL OFFENSES AND CRIMINAL MATTERS

- Have you ever been arrested? No [] Yes []
- Have you ever been convicted of any crime or any municipal offense? No [] Yes []
- Have you ever pled guilty to any crime or any municipal offense? No [] Yes []
- Have you ever been accused of or charged with an incident of domestic violence or domestic disturbance? No [] Yes []
- Have you ever had a criminal record expunged, or been accepted into a Pre-Trial Intervention (“PTI”) or Conditional Discharge or Diversion Program? No [] Yes []
- Have you ever been charged with Driving While Intoxicated or Driving Under the Influence? No [] Yes []
- Have you ever received a summons complaint or been indicted for any violation of the law? No [] Yes []
- Has any business concern you owned or controlled received a summons complaint or been indicted for any violation of the law? No [] Yes []

If you answered Yes to any of these questions, provide a detailed description of each incident.

Description of Alleged Offenses: _____

Disposition and Sentence Imposed: _____

Jurisdiction	Docket Number	Date Filed
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Description of Alleged Offenses: _____

Disposition and Sentence Imposed: _____

Jurisdiction	Docket Number	Date Filed
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Check here if additional documents are attached.

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

40. EVIDENCE OF REHABILITATION: If you have been convicted of, or pled guilty to, any of the crimes listed in Appendix B, you are disqualified from participation in the New Jersey waste industry: unless you can demonstrate rehabilitation from the crime by clear and convincing evidence. N.J.S.A. 13:1E-133(b). The rehabilitation factors NJDEP will consider are set forth in Appendix C and N.J.S.A. 13:1E-133(c). If you have been convicted of or pled guilty to any disqualifying crime, please take this opportunity to set forth any evidence of your rehabilitation. Attach additional sheets if necessary. Attach any additional documents you wish NJDEP to consider, for example: letters of recommendation, descriptions of volunteer work, certificates from rehabilitation programs, or certificates from schools or training programs.

Check here if additional pages/documents are attached.

PART VIII: CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBER

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 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 which requests that an individual disclose his 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 Solid Waste Management Act that defines the content of the Personal History Disclosure Statement.

The 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 these sources, the State Police will use the Social Security number to confirm that 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 or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, confirmation of identification may take longer without a Social Security number, which would lengthen the State Police investigation and thereby delay decisions on licensure. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

/s/

Signature

Date

Print name

PART IX: CERTIFICATION

I, _____, do hereby certify that the information in this Personal History Disclosure Form is true and is provided in accordance with the instructional material accompanying the document. I have read the instructions, including the notice on Social Security Numbers, accompanying this Personal History Disclosure Form. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive or misleading answers will result in my debarment from the New Jersey waste and fill industry, as well as the denial of my company's A901 application or revocation of my company's A901 license.

Date: _____

Signature: /s/ _____

Print Name: _____

State of _____)

)

County of _____)

)

/s/ _____

Notary Public Signature

On _____,
Date

I, _____,
Name of Notary Public

witnessed _____
Name of Signatory

sign this Certification as his or her own act.

If this Personal History Disclosure Statement was prepared by a person other than the individual signing this certification, (for example an attorney or an assistant), please provide that person's information:

Name: _____

Phone #: _____

Address: _____

Title/Position: _____

Relationship to Applicant: _____

APPENDIX A: INSTRUCTIONS

If you need help with these forms, or you have questions related to the A901 Program, feel free to contact us at 609.376-3270.

- 1. WHO MUST COMPLETE THIS FORM:** Owners, officers, directors, partners, key employees, family members, sales persons, and consultants of companies seeking an A901 License to broker or transport solid waste, hazardous waste, or soil and fill must complete this form. The form is to be filed along with the Business Concern Disclosure Statement.
- 2. ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. Provide a response in each section. If an answer is "none", write "none". If the item is not applicable, please provide an explanation and write "not applicable". Unanswered questions will result in the form being deemed incomplete and returned for additional information.
- 3. TYPE OR PRINT YOUR ANSWER.** Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible.
- 4. ADDITIONAL SPACE.** If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears.
- 5. ANSWER COMPLETELY AND TRUTHFULLY. FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS CAN RESULT IN THE REVOCATION OF YOUR COMPANY'S A901 LICENSE. IN ADDITION, ANY PERSON WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO PENALTIES AND CRIMINAL PROSECUTION.**


Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction will probably not disqualify you or your company from being licensed but attempting to conceal the conviction may lead to a finding of untrustworthiness and result in disqualification. Omissions of such information from this form, even unintentionally, will reflect poorly on your reliability, integrity, competency and expertise. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way. For example, by writing "Do Not Remember". This may result in additional inquiries from the Department or the Attorney General's Office, but it will avoid the implication that you are trying to conceal information. However, you should not answer "Do Not Remember", simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

APPENDIX B: FINGERPRINTS

IF YOU LIVE OR WORK IN NEW JERSEY, OR WITHIN FIFTY MILES OF NEW JERSEY: After you have submitted your application, you will receive instructions from New Jersey State Police on Live Scan fingerprinting.

IF YOU LIVE AND WORK FURTHER THAN FIFTY MILES FROM NEW JERSEY: Individuals who work and reside outside of a fifty mile radius of the State of New Jersey can request fingerprint cards at: <http://www.state.nj.us/dep/dshw/a901/a901frms.htm>. Follow the instructions that accompany the cards. You can also contact us for assistance at 609.376.3270.



New Jersey State Police

**THIS RECORD IS SUBJECT TO THE
FOLLOWING USE AND DISSEMINATION
RESTRICTIONS**

Under provisions set forth in *Title 28, Code of Federal Regulations (CFR), Section 50.12*, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in *Title 28, CFR, Section 16.34*.

APPENDIX C: DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), any person who has been committed any of the following twenty-two categories of crimes, in New Jersey or any other jurisdiction, is disqualified from participation in the New Jersey waste industry:

1. Murder;
2. Kidnapping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except N.J.S.A. 2C:35-10 or possession of 84 grams or less of marijuana;
17. Racketeering, N.J.S.A. 2C:41-1 et seq.;
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A. 56:9-1 et seq.;
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2: "Causing or Risking Widespread Injury or Damage";
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.;
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A.
23. Aggravated assault.

APPENDIX D: REHABILITATION CRITERIA

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction where the applicant, a licensee or individual demonstrates the convicted person's rehabilitation "by clear and convincing evidence."

The Department will consider the following factors when weighing the issue of rehabilitation for convicted individuals:

1. The nature and responsibilities of the position which a convicted individual would hold;
2. The nature and seriousness of the crime;
3. The circumstances under which the crime was committed;
4. The date of the crime;
5. The age of the individual when the crime was committed;
6. Whether the crime was an isolated or repeated act;
7. Any evidence of good conduct in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, or the recommendation of persons who have supervised the convicted individual since the conviction;
8. The full criminal record of the convicted individual, any record of civil or regulatory violations or notices or any complaints alleging any such civil regulatory violations, or any other allegations of wrong doing.