



**New Jersey Department of Environmental Protection
Soil and Fill Recycling Registration Form**



Any business concern that does not already hold a valid New Jersey A-901 license and is currently engaged in or otherwise provides soil and fill recycling services (services) in the State of New Jersey shall complete this registration form and file it with the New Jersey Department of Environmental Protection (Department) by July 14, 2022 to obtain a Soil and Fill Recycling Registration which will authorize you to continue to provide these services prior to obtaining a soil and fill recycling (A-901) license. After submission of this form, the Department will send you a Soil and Fill Recycling Registration via e-mail. Additionally, all Soil and Fill registrants must file an administratively complete soil and fill recycling license application with the Office of the Attorney General on or before July 14, 2022.

Failure to timely file this Soil and Fill Recycling Registration Form by July 14, 2022 will render your company unauthorized by law to provide soil and fill recycling services. Failure to file an administratively complete soil and fill recycling license application by July 14, 2022 will automatically render the Soil and Fill Recycling Registration expired and invalid.

All materials, including a copy of the law, definition of soil and fill recycling services and materials, a general overview, and a Frequently Asked Questions (FAQ) document are available at <https://www.nj.gov/dep/dshw/a901/a901frms.htm>

**Once complete, save and submit this completed form to: soilandfill@dep.nj.gov
Questions to (609) 984-4250**

SITE INFORMATION

Date: _____

Business Concern Name: _____
(LLC, Sole Prop, Corp., etc.)

AKAs: _____
(Alternate, Trade, or Doing Business Name if applicable)

Federal Tax ID (FEID) #: _____ New Jersey Corporate Filing #: _____

NJDOT #: _____

Company Website Address: _____

Physical Address

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

Mailing Address Check if same as physical address

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

OWNER(S)

1. Owner Full Name: _____ Percentage of Equity: _____ (%)

Email address: _____ Phone #: _____

2. Owner Full Name: _____ Percentage of Equity: _____ (%)

Email address: _____ Phone #: _____

3. Owner Full Name: _____ Percentage of Equity: _____ (%)

Email address: _____ Phone #: _____

Check if additional ownership, and attach a separate page

BUSINESS INFORMATION

1. Physical address where equipment is parked/stored overnight:

Address: _____

Municipality: _____ State: _____ Zip Code: _____

2. Have you ever had an A901 license application denied? Yes No

3. Have you ever had an A901 license revoked? Yes No

4. How long you have been operating? _____

5. Provide a description of your current business operations:

6. Provide a list of permits, licenses, registrations your business currently holds:

CERTIFICATION

This Registration Statement must be signed and certified below by a responsible official of your company.

I, _____, hereby certify that I have read, in its entirety, the attached completed Registration Statement of _____
(Full Legal Name of Business Entity)

and that the information provided is true.

I certify that this business entity is actively engaged in Soil and Fill recycling services as defined in NJ Senate bill S1683 as of the date of this registration.

I further certify that I have verified the information contained in this Soil and Fill Registration.

I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution. I acknowledge that providing inaccurate or false answers to any question shall automatically immediately cause to expire and invalidate the approved Registration issued by the Department in response to the submittal of this Registration Statement.

Signature: _____

Date: _____

Print Name: _____