

Notice of Surrender

A-901 License, Certificate of Public Convenience and Necessity (CPCN) and Waste Transporter Decals

Please read carefully. Electronically fill or legibly print all information below:

A-901 LICENSED COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

NAME OF ALL COMPANY OWNER(S): _____ ; _____ :

_____ ; _____ ; _____

Additional Owners? Please check here and list name(s) on additional sheet.

- Does your company hold a Certificate of Public Convenience & Necessity (CPCN)? NO YES: SW# _____
- Were you issued a NJDEP Solid Waste Transporter Number (SW Hauler ID)? NO YES: ID# _____
- Were you issued a NJDEP Hazardous Waste Transporter Number (HW Hauler ID)? NO YES: HW# _____
- Does your company have CURRENT waste transporter decals? NO YES* SW HW
- Were decals placed on any **owned or leased vehicles/equipment**? NO YES*
- Have all current decals from owned/lease equipment been **removed and destroyed**? YES: _____ initials
- Are all current decals being mailed back to NJDEP with this form. YES

***Current transporter decals placed on any owned or leased containers, vehicles, and/or equipment, are inactive upon submittal of the Notice of Surrender and must be removed immediately and mailed back to NJDEP at the address below, unless indicated above that they were removed and destroyed.**

I, _____ ; hold the title of _____ , and hereby
(PRINT NAME OF AUTHORIZED OWNER) (TITLE)

notify NJDEP, effective immediately, that I am voluntarily surrendering the A-901 License, CPCN, and all transporter decals issued to _____ , and will no longer engage in the
(NAME OF A-901 LICENSED COMPANY)
solid waste, hazardous waste and/or soil and fill recycling services in New Jersey.

I am fully aware that I must reapply and be granted a license if I intend to re-enter the solid waste, hazardous waste and/or soil and fill recycling industry in the future.

I agree with these statements above and certify that I am duly authorized to sign and submit this “Notice of Surrender” on behalf of the company, its owners, and members.

Print Name of Authorized Owner

Signature of Authorized Owner

Today’s Date

This completed form, and all decals and cab cards should be mailed to: Roxanne Feasel, Supervisor, NJDEP A-901 Unit, 401 E. State St., 2nd Floor West Wing, Mail Code: 401-02C, PO Box 420, Trenton, NJ 08625-0420.

You may only submit this form via email to: roxanne.feasel@dep.nj.gov if you do not possess decals or they have been destroyed.