



New Jersey Department of Environmental Protection Toxic Catastrophe Prevention Act (TCPA) Program



TCPA IDENTIFICATION NUMBER REQUEST FORM

This form is for a new TCPA registrant facility that has never obtained a TCPA Identification Number (TCPA ID#). You must obtain a TCPA ID# for your facility before you can submit a Risk Management Plan (RMP) to register your facility through the Department's online eNJRMP application.

Section A: Facility Information

Facility Legal Name: _____

FEIN (Federal Employer Identification Number): _____

NAICS (North American Industry Classification System Code): _____

Location Street Address: _____

City: _____ County: _____

State: New Jersey Zip: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Section B: Contact Person Information and Certification (Note: You must be an employee of the above facility.)

Name of Person Requesting TCPA ID#: _____

Title: _____

Email address: _____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Phone: _____

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am authorized on behalf of the facility's management to request a TCPA Identification Number for the facility. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Signature

Date

Return to: Attn: TCPA ID# Request
NJDEP – Bureau of Release Prevention
Mail Code 22-03D
PO Box 420
Trenton, NJ 08625-0420

Do Not Write Below This Line – For DEP Use Only

Date Received: _____ Reviewed by: _____
Name Title

TCPA ID#: _____ Date: _____