



State of New Jersey

PHILIP D. MURPHY
Governor

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT
BUREAU OF HAZARDOUS WASTE COMPLIANCE & ENFORCEMENT

SHAWN M. LATOURETTE
Commissioner

SHEILA Y. OLIVER
Lt. Governor

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TRENTON NJ 08625-0420
LRU@dep.nj.gov 609-292-7081
<https://wastedecals.nj.gov/>

Requirements for Hazardous Waste Transporters

PLEASE READ CAREFULLY

The New Jersey Department of Environmental Protection (NJDEP) requires ALL hazardous waste transporters to register with the Department prior to picking up or disposing of waste in New Jersey. (see N.J.S.A. 13:1E-1 et. seq., N.J.A.C. 7:26G-7). A courtesy copy of New Jersey's waste regulations may be found at <https://www.nj.gov/dep/rules/>

- Transporters hauling **self-generated waste** must complete the "AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)" which must then be notarized and attached to the application.
- Transporters hauling **waste generated by another person or business** are required to obtain an "A-901 License" and a Certificate of Public Convenience and Necessity ("CPCN"). Forms and information on these requirements may be found at <https://www.nj.gov/dep/dshw/a901/a901frms.htm> For A-901 questions please contact the Office of the Attorney General at (609) 292-6018. For CPCN questions please contact NJDEP's Economic Regulation Unit at 609-984-6985. Note: An A901 licensed transporter cannot apply to become self-generator unless they first surrender their A901 license and CPCN.
- Pursuant to N.J.S.A. 54:50-24 et seq. your information may be shared with the Division of Taxation who will verify all tax issues are resolved as detailed in attached letter from their agency.
- Vehicles must be registered as "Commercial" with the motor vehicle agency. **Passenger ("Pass") or Passenger-Commercial ("Pass-Com") vehicle registrations are not acceptable and your application will be returned.**

If your application package is approved and deemed administratively complete, it will be processed and entered into the NJDEP computer system.

If your application package is not approved or is submitted incompletely, NJDEP will place it "on hold" and you will be notified by e-mail of the missing items or requesting that you schedule a face-to-face interview at NJDEP.

If you have any questions please e-mail LRU@dep.nj.gov. You can also obtain additional information at the web site <https://wastedecals.nj.gov/>.

There is no direct cost associated with obtaining hazardous waste transporter decals. However, each year you will be assessed a fee for each ton of waste transported the previous year. More information is available on the web site: <https://www.state.nj.us/dep/enforcement/hw-fees.html>

Initial Application to Become a Registered **Hazardous Waste** Transporter

FOR NJDEP Use Only:	NJDEP Registration #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NJEMS Program Interest #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Company Name:	<input type="text"/>																
Alternate Name:	<input type="text"/>																
Physical Address:	<input type="text"/>																
City:	<input type="text"/>						State:	<input type="text"/>		Zip:	<input type="text"/>						
Mailing Address:	<input type="text"/>																
City:	<input type="text"/>						State:	<input type="text"/>		Zip:	<input type="text"/>						
Contact Name-Last:	<input type="text"/>						First:	<input type="text"/>		<input type="text"/>							
Office Phone:	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>		Fax:	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>	
Cell Phone:	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>		<input type="text"/>								
E-Mail Address:	<input type="text"/>																

Organization Type (Circle One): Proprietor Partnership Corporation LLC Public Entity Other:

Social Security Number:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal Employer ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incorporation Date:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	County:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	State:
A-901 Approval Date (if applicable):	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous DEP registration #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USEPA ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	USDOT #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For leased equipment, Lessor's USDOT number(s): (Attach additional sheets if needed)																		

Type of Insurance Coverage (**Circle One**): MCS-90 MCS-82 Commercial Liability Other:

Insurance Company Name:	Policy #:
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Is the firm seeking a license in compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental restoration set out in Section 30 of the Federal Motor Carrier Act of 1980 (23 USC 315) and 49 CFR 387 as adopted? Circle Answer: **Yes** **No**

Has any owner, officer or employee of the firm seeking a license, been convicted of any criminal offense under state or federal law for acts or omissions involving the illegal handling, storage, transportation, processing or disposal of hazardous waste or for transactions involving hazardous waste in the last ten years (N.J.A.C. 7:26 G-7.2(a) 2,ii)? Circle Answer: **Yes** **No**

Have all transporter employees who will handle hazardous waste successfully completed a program of instruction that teaches them to perform their duties in a way that ensures the transporter's compliance with the New Jersey Hazardous Waste Regulations? (Hazardous Materials Transportation Act, 49 CFR Parts 171 through 180 as amended or supplemented & N.J.A.C. 7:26 G-7.3) Circle Answer: **Yes** **No**

EQUITY (COMPANY OWNERSHIP) - "Equity" means any ownership interest in a business. It includes sole proprietorship, partner's shares, and stock in corporations. The form of ownership interest should be indicated in your answers below under the heading, Type of Equity, state whether shares are voting or non-voting. Attach additional sheets if needed.

Name	Federal Employer ID #	Type of Equity	% of Total Equity

CERTIFICATION: I hereby certify that the foregoing statements are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment which may take the form of monetary penalties or revocation. I will notify the Department, in writing, of any changes to the information within this registration statement within thirty days. Furthermore, I certify that I am responsible for providing insurance for public liability and environmental restoration for any equipment registered with the Department to transport solid and/or medical waste, whether owned or leased. I authorize the New Jersey Department of Environmental Protection to confirm liability coverage with my insurance company. I further certify my company has the proper authority to operate on the public highways. I also acknowledge that pursuant to N.J.S.A. 54:50-24 et seq. my information will be shared with the Division of Taxation to verify there are no outstanding tax issues and understand my application will not be reviewed until such issues are resolved.

Printed Name	Signature	Title	Date Signed
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EQUIPMENT: Please list below each piece of equipment to be used for transporting waste. For all such equipment (except containers) YOU MUST INCLUDE A COPY OF **MOTOR VEHICLE REGISTRATION AND PROOF OF INSURANCE**
Passenger or Pass-Comm vehicle registrations are not acceptable.

- **VIN** - Vehicle Identification Number as it appears on the Motor Vehicle registration
- **OVERNIGHT ADDRESS** - where vehicle is parked overnight
- **STATE** – which issued motor vehicle registration
- **LICENSE PLATE NO.** – Permanent License Plate Number

- **VEHICLE TYPE*** S = Hazardous Waste Single Unit
M = Hazardous Waste Cab
T = Hazardous Waste Trailer
C = Hazardous Waste Container

***EQUIPMENT LEASED? If Yes, attach Lease Agreement & Lease Certification**

	Vehicle Type * (Circle Letter)	License Plate #	State	Leased YES* or NO (Circle Answer)	DEP USE ONLY DECAL #
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes No	
Quantity of Container Decals Needed: _____	XX	XXXXXXXX	XXXXX	YES OR NO	

EQUIPMENT TOTALS: SINGLE (S): _____ CAB (M): _____ TRAILER (T): _____ CONTAINER (C): _____

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)

I, the undersigned, am the duly authorized representative of _____ an applicant for a hazardous waste registration from the New Jersey Department of Environmental Protection. I hereby certify that the applicant named above is EXEMPT from the requirement to submit a disclosure statement for the following reason(s):

- Public Entity** - The applicant is a State department, division, agency, commission or authority, or county, municipality or agency representing the State of _____; or Federal government.

- Self-Generator** - The application is solely for the collection, transportation, treatment, storage or disposal of hazardous waste generated by the applicant who is NOT a commercial waste business.

- Hazardous Waste FACILITY** - The applicant is for the operation of a hazardous waste facility, if at least 75% of the total design capacity of that facility is utilized to treat, store or dispose of hazardous waste generated by the applicant.
(Capacity)

- Hazardous Waste FACILITY** - The applicant is for the operation of a hazardous waste facility, which is considered as such solely as the result of the recycling or refining of hazardous wastes which are or contain the following precious metals: gold, silver, osmium, platinum, palladium, iridium, rhodium, ruthenium, or copper.
(Classification)

- Hazardous Waste TRANSPORTER** - The application is solely for the transportation of hazardous waste, which are or contain precious metals (as described above) to a hazardous waste facility (as described above) for the purposes of reclamation.
(Classification)

- Management of Activated Carbon** - The application is solely for the collection, transportation, treatment, storage or disposal of granular activated carbon used in the absorption of hazardous waste.

Please provide a brief description of the services offered by your company (Please PRINT and write clearly in the spaces below):

Please identify all other licenses, authorities, permits or approvals to transport waste in other states:

I certify that waste generated by my business is completely self-generated. **I certify that I shall not receive nor transport waste from third parties.** I hereby swear (or affirm) that the statements, brief description and attached interview notes made and answered by me are true. I am aware that if any of these statements and brief description made by me is willfully false, then I am subject to criminal prosecution for false swearing; and that filing a fraudulent affidavit could result in the assessment of civil penalties of not less than \$40,000 or more than \$50,000.

Print Name & Title as the Company Official

Signature

Date

Telephone Number

Notary Stamp Below

State of _____ County of _____
Sworn to and subscribed before me
this _____ day of _____ 20____
_____ Print Name of Notary Public
_____ Signature of Notary Public

**MANDATORY
PROOF OF INSURANCE AND AUTHORITY TO OPERATE**

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(l) and N.J.A.C. 7:26G-7.2(b)7, permittees, licensees and exempt transporters shall, for purposes of solid waste and hazardous activities respectively and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

Provide a copy of your MCS-90 or MCS-82 (listing your company with vehicle information), or a Certificate of Insurance (listing your company as insured with the vehicle info or the phrase, "any vehicle").

Pursuant to N.J.A.C. 7:26G-7.2(a)2i proof of compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental damage set out in 49 C.F.R. Part 387

Pursuant to N.J.A.C. 7:26 3.2(a)6, registered Transporters must comply with NJMVC rules and regulations.

NOTE: Insurance cards or certificates of insurance will only be accepted from "intrastate" only, transporters.

Additional Information & Guidance for Acceptable Proof of Insurance:

The Federal Motor Carrier Safety Administration (FMCSA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page can be located at: <https://www.fmcsa.dot.gov/>

For specific motor carrier questions you can contact the FMCSA at:

<https://www.fmcsa.dot.gov/contact-us>

<https://www.fmcsa.dot.gov/mission/field-offices>

For Hazardous Waste and Interstate Solid Waste Transporters

Question: Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)?

Answer: *Guidance:* No. The motor carrier has the responsibility to obtain the proper financial responsibility levels.

Question: What is the difference between interstate commerce and intrastate commerce?

Answer: Interstate commerce is trade, traffic, or transportation involving the crossing of a State boundary. **Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary** to be considered an interstate carrier. Intrastate commerce is trade, traffic, or transportation within a single State.

<https://www.fmcsa.dot.gov/faq#name2>

This material is abbreviated and being supplied for informational purposes only. You are still obliged to exercise due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your exclusive use, possession, and control. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under New Jersey regulations.

Be advised that the New Jersey Department of Environmental Protection may contact your insurance company to confirm liability coverage.



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
P.O. BOX 272
TRENTON, NJ 08695

The New Jersey Division of Taxation (Taxation) will review your State tax account as part of the New Jersey Department of Environmental Protection (NJDEP) application.

Taxation must issue a clearance to NJDEP in order for your application to be processed.

What do you need to know?

1. Your business must be registered with the NJ Division of Revenue (NJDOR).
2. Your business must be registered for employer tax purposes with Taxation (employer withholding tax, Unemployment/Disability, Sales & Use tax, etc.), if applicable.
3. Corporate charters must be in good standing, if applicable.
4. Waste hauling is subject to Sales Tax in New Jersey.

What should you do?

1. Make sure your business is registered with the NJDOR. Visit NJDOR's website at: <http://www.nj.gov/treasury/revenue/busregcert.shtml>
2. Make sure your business is registered for all applicable NJ employer taxes by visiting NJDOR's website at: https://www.state.nj.us/cgi-bin/treasury/revenue/dcr/reg/sos_dcrnew01_page1.cgi
3. Make sure corporate charter is in good standing (if applicable). Visit NJDOR's website at: <http://www.state.nj.us/treasury/revenue/standcert.shtml>
4. Make sure your business is registered for Sales and Use tax for waste hauling by completing [FORM NJ-REG](#) or updating your registration on NJDOR's website at: https://www16.state.nj.us/TYTR_REGC/jsp/OwnershipLogin.jsp
5. Make sure your business is current on all State tax filings and payments. Visit https://www1.state.nj.us/TYTR_TaxDebts/JSP/LoginType.jsp to see if your business has any outstanding liabilities.
To file and pay State taxes, visit <http://www.state.nj.us/treasury/taxation/online.shtml>

Have questions?

We are here to help!

1. Registration questions: visit the Division of Revenue and Enterprise Services website at: <http://www.state.nj.us/treasury/revenue/gettingregistered.shtml> or call Client Services at (609) 292-9292.
2. NJDEP application or processing questions: contact DEP at (609) 292-7081.

Hazardous Waste is specifically identified and regulated by the United States Environmental Protection Agency (USEPA) by 40CFR, Part 262 and incorporated by reference into the regulations of NJDEP. Therefore, the licensee must comply with all governing State and Federal laws applicable to hazardous waste transportation in New Jersey prior to the transportation of hazardous waste and provide proof to the Department at the time of filing your registration statement with NJDEP's Licensing and Registration Unit to obtain decals.

Specifically, but not limited to:

3. Tax questions: email the Division of Taxation at: BusinessAssistanceTC.Taxation@treas.nj.gov

Need more information on Sales and Use tax for waste hauling?

<http://www.state.nj.us/treasury/taxation/>
<http://www.state.nj.us/treasury/taxation/pdf/pubs/stn/fall00.pdf> (page 5)
<http://www.state.nj.us/treasury/taxation/pdf/pubs/sales/su4.pdf> (page 17-18)

**Initial Application to Become Registered as
Hazardous Waste Transporter
Checklist**

Company Name: _____

U Number (if applicable): _____

- Hazardous Waste Initial Application:** Accurately completed and Signed Original form (2 Pages)
- “AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)”**
– Notarized and sign original form
- Proof of Hazmat Training** conforming to 49 CFR 172.700 to 172.704
- U.S. Department of Transportation (USDOT) registration - Copy of registration for all applicable transportation activities
- Pipeline Hazardous Material Safety Administration - Proof of current registration
- If applicable, satisfactory completion of NJ State Police - New Entrant Program, or are in good standing with NJ State Police Motor Vehicle Enforcement
- Insurance:** VALID copies of applicable insurance information *FOR ALL VEHICLES*
 - Valid Motor Vehicle Insurance Card** or
 - MCS-90 or MCS-82**
- Motor Vehicle Registration(s):** VALID copies *FOR ALL VEHICLES*
Motor Vehicle registration must indicate that the vehicle is registered as Commercial and display the name of the NJDEP registrant (e.g. your company). **Passenger or Pass-Comm vehicle registrations are not acceptable.** For all equipment not registered under the name of the NJDEP registrant or for any lease equipment, see next requirement under LEASED VEHICLES
- LEASED VEHICLES**
 - Copy of written **Lease Agreement and Certification** – form available at <https://wastedecals.nj.gov/pagelinks/LeaseAgreementandCertification.docx>
 - Copies of licenses, authorities, permits or approvals to transport waste in other states.
- This COMPLETED Checklist**

Please mail the **original** application, questionnaires and notarized affidavit along with **legible copies** of all required documentation listed above to:

**Department of Environmental Protection
Division of Waste & UST Compliance and Enforcement
Bureau of Hazardous Waste Compliance & Enforcement
Vehicle Registration Unit
9 Ewing Street
PO Box 420, Mail Code 09-01
Trenton, NJ 08625-0420**

DO NOT e-mail, fax or hand-deliver application