



## New Jersey Department of Environmental Protection Site Remediation Program

### CONFIDENTIALITY REQUEST FORM INSTRUCTIONS

#### General Instructions

1. **Applicability.** Use this form to apply for and establish a claim of confidentiality pursuant to N.J.A.C. 7:26C-15. Any person required to submit any information to the Department pursuant to N.J.A.C. 7:26C, N.J.A.C. 7:14B, N.J.A.C. 7:26B, N.J.A.C. 7:26D, or N.J.A.C. 7:26E, which in the person's opinion constitutes a trade secret, proprietary information, specific information regarding a real estate transaction at an industrial establishment that subjects the transaction to the Industrial Site Recovery Act, other than the fact that the transaction has occurred and the general nature of such transaction, or information related to national security, may assert a confidentiality claim.
2. **Form Updates.** This form may be updated periodically. Please use the current version of this form. Download the current version of this form from the Department's Website: [www.nj.gov/dep/srp/sra/forms](http://www.nj.gov/dep/srp/sra/forms) or [www.nj.gov/dep/srp/enforcement/rfs.htm](http://www.nj.gov/dep/srp/enforcement/rfs.htm).
3. **Filing.** This form is **not** required to be filed in duplicate. Please send completed forms and a Fee for a claim of confidentiality of \$500.00, made payable to Treasurer, State of New Jersey, to:  
  
Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420
4. The Department will only respond in writing to deny a request of confidentiality. All other submissions meeting the requirements of N.J.A.C. 7:26C-15 should be considered accepted if the person responsible for conducting the remediation does not receive a written denial within 30 days of making a complete submission to the Department.
5. The applicant shall submit two copies of the document to the Department that contains the purportedly confidential material, a non-redacted copy, and a copy in which the purportedly confidential material has been redacted. The non-redacted copy shall conform to the following:
  - The top of each page of the first submission containing the information which the person alleges to be entitled to confidential treatment shall be stamped or otherwise marked "CONFIDENTIAL" in bold type:
  - All parts of the text that the person alleges to be entitled to confidential treatment shall be underscored or highlighted in a clearly identifiable manner. This manner of marking confidential information shall be such that both the allegedly confidential information and the underscoring or highlighting is reproducible on photocopying machine; and
  - The non-redacted copy shall be sealed in an envelope which shall display the word "CONFIDENTIAL" in bold type or stamp on both sides. This envelope, together with the redacted submission (which may or may not be enclosed in a separate envelope, at the option of the person), shall be enclosed in another envelope for transmittal to the Department. The outer envelope shall bear no marking indicating the confidential nature of the contents.

The package containing both the redacted and the non-redacted copies of the material containing the purportedly confidential information should be sent to the address listed above by certified mail, return receipt requested or by other means which will allow verification of receipt. Ordinary mail may be used, but the Department assumes no responsibility for packages until they are received.

#### Specific Instructions

##### Section A. Site Name and Location

- Site Name-provide the name of the site i.e. ABC Corporation Site;
- List all other known names for the site;
- Provide the street address for the site;

- Provide the name of the municipality and indicate if it is a Township, a Borough, or a City. Please use the incorporated name. Do not use local names;
- Provide the name of the County and the zip code;
- Provide all NJDEP generated site identification numbers; **Note:** If you are making this claim of confidentiality with your **first** submission to the Department it is acceptable to leave the Program Interest Number and/or the Case Tracking number(s) fields blank.

### **Section B. Fees**

Submit a check for \$500. Checks shall be made payable to "Treasurer State of New Jersey." Include your Program interest ID, ISRA or UST Case Numbers on the check.

### **Section C Term of Confidentiality Claim**

Please identify if the claim of confidentiality should be kept indefinitely or if the claim of confidentiality can be lifted after a certain date.

### **Section D Person Requesting a Claim of Confidentiality Information and Certification**

- Affiliation/Name of Organization -provide the name of the organization seeking a claim of confidentiality.
- First Name of Contact – provide the first name of the person representing the organization seeking a claim of confidentiality.
- Last Name of Contact:- provide the last name of the person representing the organization seeking a claim of confidentiality.
- Title- provide the title of the person representing the organization seeking a claim of confidentiality.
- Provide the phone number, extension, and fax number of the person representing the organization seeking a claim of confidentiality.
- Provide the full mailing address including the, city/town, state, and zip code of the person representing the organization seeking a claim of confidentiality.
- Provide the email address of the person representing the organization seeking a claim of confidentiality.
- The person representing the organization seeking a claim of confidentiality shall provide his/her signature where indicated; and provide his/her printed name, title i.e., President, CEO; the company name, and the date when signing occurred.