



**New Jersey Department of Environmental Protection**  
 Site Remediation Program

**SITE AND CONTACT INFORMATION UPDATE FORM**

Date Stamp  
 (For Department use only)

**SECTION A. EXISTING SITE NAME AND LOCATION**

**NOTE: If you are changing LSRP contact information only, skip to Section B, No. 4.**

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Tax Lot Address (if different): \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s): \_\_\_\_\_

**SECTION B. INFORMATION TO BE UPDATED**

Check all that apply then complete the corresponding section(s) of the form.

**1. Changes in Site Address or Block and Lot Information**

- Complete Section C. Changes in Site Address or Block and Lot Information  
 (For changes in block and lot information **attach map(s)** showing old and new block and lot configurations)
- Complete Section D. Responsible Party Certification **Or** Section E. Person Responsible for Conducting Remediation Certification

**2. Changes in Responsible Party Information**

- I am adding Myself as a Responsible Party
- I am Updating the Responsible Party's Contact Information

Provide the new information in Section D. Responsible Party Information and Certification

**NOTE:** Adding a new responsible party does not relinquish responsibility for any previous responsible parties. See the instructions for this form for more details, available at: <http://www.nj.gov/dep/srp/srra/forms/>.

**3. Changes in Person Responsible for Conducting Remediation Information**

- I am changing the Person Responsible for Conducting Remediation (**Entity is Changing**)
- I am Updating the Contact Information for the Person Responsible for Conducting Remediation (**Entity remains the same**)

Provide the new information in Section E. Responsible Party Information and Certification

**NOTE:** Adding a Person Responsible for Conducting Remediation is **ONLY NECESSARY** when the Person Responsible for Conducting Remediation is DIFFERENT from the Responsible Party. Responsible Parties are assumed to be conducting remediation unless noted in this section. See the instructions for this form for definitions of 'Responsible Party' and 'Person Responsible for Conducting Remediation', available at: <http://www.nj.gov/dep/srp/srra/forms/>.

**4. Changes in LSRP Contact Information**

- Section F. Licensed Site Remediation Professional Information and Certification

**SECTION C. CHANGES IN SITE ADDRESS OR BLOCK AND LOT INFORMATION**

If you are reporting a change to **either** the site address or the site blocks and lots, provide **all information** (both address and block and lot information) below.

**Check all that apply:**

- I am reporting changes in the Site address
- I am reporting changes in the Block and lot information

Street Address (Site): \_\_\_\_\_

Tax Lot Address (if different): \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE:** When changing Block and Lots, please **attach Maps** to this form showing the current and former configuration of the Site Parcels.

List <b>Old</b> Municipal Block and Lot Numbers:	List <b>New</b> Municipal Block and Lot Numbers:
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
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Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
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Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____

**SECTION D. RESPONSIBLE PARTY INFORMATION AND CERTIFICATION**

Full Legal Name of the Responsible Party: \_\_\_\_\_

Name of Organization / Affiliation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to site:

Property Owner     Leasehold     Developer     Other: \_\_\_\_\_

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION E. PERSON RESPONSIBLE FOR CONDUCTING REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of Person Responsible for Conducting Remediation: \_\_\_\_\_

Name of Organization / Affiliation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to site:

Property Owner     Leasehold     Developer     Other: \_\_\_\_\_

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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**Complete this Section ONLY if you are changing LRSP contact information**

**SECTION F. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND CERTIFICATION**

**Provide New Contact Information and Certify:**

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ (cannot change with this form)

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

**NOTE:** This form should **not** be used to retain or dismiss an LSRP from a specific site or program interest number. A completed LSRP Notification of Retention or Dismissal Form must be filed electronically through NJDEP Online at <http://www.nj.gov/dep/online> to dismiss the assigned LSRP, and a separate complete LSRP Notification of Retention or Dismissal Form must be filed to retain the new LSRP. **The purpose of this form is to update LSRP contact information ONLY.**

This form updates license information in the NJDEP's the database. It will not update your user profile information on NJDEP Online. You must update that information yourself on NJDEP Online available at: <http://www.nj.gov/dep/online>.

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