

ANNUAL A901 UPDATE FOR 2016

Please either mail the original hard copy, or email a scanned copy and retain the original for your records.

New Jersey Department of Law & Public Safety
Division of Law
Environmental Enforcement Section, A901 Unit
25 Market Street, P.O. Box 093
Trenton, New Jersey 08625-0093
A901mail@dol.lps.state.nj.us

NAME AND MAILING ADDRESS OF COMPANY:

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

Name: _____

Title: _____

Telephone: _____

Email: _____

Please submit this update by November 1, 2015.

The purpose of this form is to update the original disclosure statements that your company filed with the New Jersey Department of Environmental Protection. N.J.A.C. 7:26-16.6(c). You **must** respond to every question, even if the answer has not changed since your last update. Inadvertent omissions will reflect poorly on your company's reliability, integrity, competency & expertise and could constitute grounds for denial of your A901 application or revocation of your A901 license. N.J.S.A. 13:1E-133(a). Deliberate concealment of any information constitutes grounds for immediate denial or revocation. N.J.S.A. 13:1E-134.

Incomplete update forms will be returned. Failure to submit a complete Annual Update will result in suspension of your NJDEP equipment decals, followed by denial of your A901 application or revocation of your A901 license. N.J.S.A. 13:1E-128(b), N.J.A.C. 7:26-3.2(f)(1).

Name: _____

Alternate or Trade names: _____

If your company uses or plans to use any trade name or alternate name, you must register the name in accordance with N.J.S.A. 14A:2-21 (for corporations), N.J.S.A. 42:2B-4 (for limited liability companies) or N.J.S.A. 42:2A-6.1 (for limited partnerships). List all alternate names and attach proof of registration.

_____/_____/_____
Previously used Name From (month/yr) Until (month/yr)

Check One: Corporation LLC Partnership Sole Proprietorship

Street address of principal office - **do not use P.O. Box**:

Telephone: _____ Email: _____

Fax #: _____ Website: _____

EXISTING REGISTRATIONS/PERMITS/I.D.s

NJDEP Registration #: _____ CPCN #: _____

USDOT #: _____ USEPA #: _____

NJ Corporate Filing #: _____ FEID #: _____

BUSINESS REGISTRATION CERTIFICATE. Please obtain a Business Registration Certificate at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp and submit a copy of the Certificate.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

LOCATIONS. List all locations, in the State of New Jersey or elsewhere, where your company **is operating or proposes to operate:** offices, equipment storage, or any other aspect of a recycling, solid waste or hazardous waste business.

If you list a solid waste facility or recycling facility, please include the identification number assigned to the facility by the state environmental agency.

Address: _____

Description of Property Use: _____

Property Owner: _____

Address: _____

Description of Property Use: _____

Property Owner: _____

Address: _____

Description of Property Use: _____

Property Owner: _____

Please provide a summary of the work your company has done, since the submission of your last update, relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of waste.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

BROKERS AND CONSULTANTS. List all brokers and consultants that your company has worked with since the submission of your last update, for any work relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of waste in New Jersey. Use additional copies of this page, as necessary.

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

Name: _____ **Phone #:** _____

Description of Services Rendered: _____

You can find a list of all A901 licensed brokers under the Unit Resources menu at NJDEP's website: <http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm>.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

EQUIPMENT

How many pieces of equipment, and how many drivers, does your company use for waste transportation in New Jersey?

 Single Units

 Cabs

 Trailers

 Containers

 Drivers

LEASES

Please attach a completed **Lessor Addendum** for each company that you currently lease equipment or drivers from, or have leased equipment or drivers from in the past year.

If any of the companies you lease equipment or drivers from meet **any** of the three criteria below, you must also have that lessor file a Business Concern Disclosure Statement, as well as Personal History Disclosure Statements for all owners, directors, officers and key employees of the lessor. N.J.A.C. 7:26-16.6(i), (j) and (k).

(a) **DRIVERS.** Does the lessor lease twenty or more drivers to your company?

Yes [] No []

(b) **EQUIPMENT AND DRIVERS.** Does the lessor lease ten or more pieces of equipment AND ten or more drivers to your company?

Yes [] No []

(c) **TWENTY PERCENT THRESHOLD.** Does the lessor lease ten or more pieces of equipment to your company AND does that leased equipment constitute at least twenty percent of your company's total equipment?

Yes [] No []

Again, if any of your company's lessors meet **any** of these three requirements, you must have that lessor file a Business Concern Disclosure Statement, as well as Personal History Disclosure Statements for all owners, directors, officers and key employees. Failure to meet the disclosure requirements of N.J.A.C. 7:26-16.6(i), (j) and (k) will result in NJDEP enforcement action against both the lessor and your company.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

LESSOR ADDENDUM

Name of Lessor: _____

Address: _____

Contact person: _____ Phone #: _____

of pieces of equipment leased: _____ # of drivers leased: _____

Please obtain the lessor's Operating Status and Safety Rating from USDOT's SAFER website at <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx> and provide them below.

Operating Status: _____

Safety Rating _____

N.J.A.C. 7:26-3.2(l) requires your company to select lessors with appropriate qualifications. Lessors with an Operating Status of OUT-OF-SERVICE or NOT AUTHORIZED, or a Safety Rating of UNSATISFACTORY, do not meet this standard. Using lessors without these necessary qualifications is a violation of N.J.A.C. 7:26-3.2(l).

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

OWNERSHIP UPDATE

Provide information below for all individuals or business concerns that hold equity in this company.

Each **new** individual listed below must submit a Personal History Disclosure Statement within thirty days. Each **new** business listed below must submit a Second Level Business Concern Disclosure Statement within thirty days.

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

OWNERSHIP CHART. Please provide a chart detailing this company's ownership structure.

If the company is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, supply a chart showing the names, FEID numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Include ultimate parents. This question applies to related companies in any business, not just the solid waste or hazardous waste business.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

CURRENT INVOLVED INDIVIDUALS

List all current officers, directors, members, debtholders and key employees of this company.

Each **new** individual listed below must sign the attached Consent Form for Disclosure of Social Security Numbers and must submit a Personal History Disclosure Statement within thirty days.

OFFICERS

| Name | Title | Date of Birth | SSN | Start Date |
|------|-------|---------------|-----|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DIRECTORS

| Name | Title | Date of Birth | SSN | Start Date |
|------|-------|---------------|-----|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

LLC MEMBERS

| Name | Date of Birth | SSN | % of Membership |
|------|---------------|-----|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

DEBT HOLDERS

Please list any individual that holds any debt liability of this company.

| Name | Date of Birth | SSN | Balance of Debt |
|------|---------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

KEY EMPLOYEES

Please list any individual employed by your company in a supervisory capacity, or empowered to make discretionary decisions with respect to waste operations within New Jersey. N.J.S.A. 13:1E-127(f).

| Name | Title | Date of Birth | SSN |
|------|-------|---------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DEBARRED INDIVIDUALS. List all individuals involved with this company in any capacity whatsoever: whether as employee, independent contractor, consultant, landlord, tenant, debtholder or equity holder: who have ever been debarred from the New Jersey or New York waste industries. You can find a list of the individuals debarred from the New Jersey waste industry at <http://www.state.nj.us/dep/dshw/a901/a901fms.htm>.

| Name | Involvement | Date of Birth |
|------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

Each **new** individual whose Social Security number is listed in the Involved Individuals section must submit a signed copy of this form.

I, _____, hereby certify that I have read the Notice on this page and I consent to the disclosure of my social security number for the limited purposes set forth therein.

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a(note), any government agency that asks an individual to disclose his or her Social Security account number must inform that individual by what statutory or other authority such number is solicited, what uses will be made of it, and whether the disclosure is mandatory or voluntary.

The New Jersey Department of Environmental Protection is authorized to request Social Security numbers by N.J.S.A. 13:1E-127(e), the section of the A901 statute that defines the extent of disclosure required under the A901 licensure program. An applicant's Social Security number is used as a secondary identifier when the State Police conduct checks of criminal history records maintained by the State and Federal governments. When the State Police obtain records from outside sources, the Social Security number may be used to determine whether the records pertain to the individual under investigation.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Federal Privacy Act of 1974, the Department cannot deny an A901 application, revoke an A901 license or impose any penalty because of an individual's refusal to disclose his or her Social Security number. However, confirmation of identification and criminal history records without a Social Security number may take longer, which would lengthen the State Police investigation and thereby lengthen a decision on licensure.

Signature

Date

Printed name

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

UPDATE OF ENVIRONMENTAL VIOLATIONS

List all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders, Administrative Actions, civil complaints, Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued since the submission of your last update to:

- a. The applicant, any predecessor of the applicant, or any previous name under which the applicant operated;
- b. Subsidiaries: Any business in which the applicant holds at least 25% of equity or debt liability;
- c. Sister companies: Any business in which the applicant's parent company holds more than 25% of the equity or debt liability; or
- d. Any Owner, Officer, Director, Partner, Joint Venturer or Key Employee of the applicant, or any business concern owned or controlled by any such individual;

by any local, state or federal environmental enforcement agency, including the New Jersey Department of Environmental Protection, the New Jersey Board of Public Utilities, and the United States Environmental Protection Agency. Include a copy of each document. Use additional copies of this page, as necessary.

Name of entity cited: _____ **Date of issuance:** _____

Issuing Agency: _____ Amount of penalty or damages: \$ _____

Description of Allegations: _____

Name of entity cited: _____ **Date of issuance:** _____

Issuing Agency: _____ Amount of penalty or damages: \$ _____

Description of Allegations: _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

UPDATE OF CIVIL LITIGATION AND JUDGMENTS

JUDGMENTS. List all judgments of liability in excess of \$60,000 rendered against your company since the submission of your last update. You need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Caption of case: _____

Docket #: _____ Venue: _____

Date judgment or order entered: _____ Amount of judgment:\$ _____

Description of Case

Caption of case: _____

Docket #: _____ Venue: _____

Date judgment or order entered: _____ Amount of judgment: \$ _____

Description of Case

PENDING LITIGATION. List all civil suits and arbitration cases in which your company is presently involved as a party. You need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; or suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Caption of case: _____

Docket #: _____ Venue: _____

Description of Case

BANKRUPTCY. Has your company filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition since the submission of your last update?

Venue: _____ **Docket #:** _____

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

CRIMINAL MATTERS

Since the submission of your last update, has any individual listed in this update:

- Received a summons complaint, been arrested, or been indicted for any violation of the law? Yes [] No []
- Been charged with a municipal offense or a Disorderly Persons offense? Yes [] No []
- Been accused of or charged with an incident of domestic violence or domestic disturbance? Yes [] No []
- Had a criminal record expunged, or been accepted into a Pre-Trial Intervention ("PTI") or Conditional Discharge or Diversion Program? Yes [] No []
- Been charged with Driving While Intoxicated? Yes [] No []

False or inaccurate answers to this question will result in denial of your application and a penalty of up to \$50,000. N.J.A.C. 7:26-5.6.

If you answered yes to any of these questions, provided a detailed description of each incident. Please include a description of the alleged offense, the sentence imposed, the location of the incident, and the date of the incident.

ANSWER EVERY QUESTION. DO NOT ANSWER ANY QUESTION WITH "N/A". ANY UPDATE WITH QUESTIONS UNANSWERED, OR ANSWERED "N/A", WILL BE RETURNED.

