REQUEST FOR ADDITIONAL TRANSPORTER REGISTRATION DECAL

HAZARDOUS WASTE (ADD-ON Form)

Please complete this form and mail with the required **items listed in numbers 1-4 below to**:
NJDEP, Licensing & Registration Unit, PO Box 420, 9 Ewing St., Mail Code 09-01, Trenton, NJ 08625-0420

DO NOT SUBMIT PAYMENT AT THIS TIME
YOU WILL BE BILLED ANNUALLY BASED ON MANIFESTED TONNAGE

DEP #_____ EPA ID# _____ USDOT# _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Email: _____@_____

1. **Motor Vehicle Registration** - A legible copy of each motor vehicle registration issued in the name of NJDEP Registrant. If the MVC registered name is not that of the NJDEP Registrant, the registrant must supply items listed in #3. **No passenger/pass-comm vehicles**.
2. **Proof of Insurance** - Copy of valid insurance card *(or when required MCS-90 or MCS-82)* issued in the name of NJDEP Registrant.
3. **Lease Agreement and Lease Certification** - For each unit identified in this request as LEASED you are required to SUBMIT **BOTH** a legible copy of the executed Lease Agreement valid for the period that this registration will be in effect (the VIN must be incorporated into the lease, or referenced to in an appendix or attachment); AND the completed original NJDEP Lease Certification available at: http://www.nj.gov/dep/dshw/hwr/leasecertification.pdf
4. **For Containers** - Write in Quantity needed below. VIN numbers are not required. If containers are leased, see item 3.

VIN NUMBER **OVERNIGHT ADDRESS** **(Where vehicle can be inspected, NO PO Boxes)**	**STATE**	**PLATE #**	**VEHICLE TYPE *** (Use LETTER)	**IS EQUIPMENT LEASED?** If yes, see item 3	**DEP USE ONLY DECAL #**
VIN: Address:				**YES OR NO**	
VIN: Address:				**YES OR NO**	
VIN: Address:				**YES OR NO**	
CONTAINERS ONLY Quantity Needed :_____	XX	XXXXXXXX	C	**YES OR NO**	

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NJDEP will mail your decals. You will be mailed an annual bill (invoice) automatically in March based on your manifested tonnage.

Hazardous Waste Vehicle Type	*USE LETTER**
Hazardous Waste Cab	**(M)**
Hazardous Waste Trailer	**(T)**
Hazardous Waste Container	**(C)**
Hazardous Waste Single Unit	**(S)**
Cab Card Replacement	**(X)**

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.

Print Name	**Signature**	**Title**	**Date Signed**

REVISED JANUARY 2011 – visit our website at: http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm