REQUEST FOR ADDITIONAL TRANSPORTER REGISTRATION DECAL

SOLID AND/OR MEDICAL 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

DO NOT SUBMIT PAYMENT AT THIS TIME, YOU WILL BE BILLED

NJDEP #: _____ Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____@_____ USDOT #: _____ *(if applicable)*

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**	

DO NOT SUBMIT PAYMENT AT THIS TIME

You will be mailed a bill (invoice) automatically from the Department of the Treasury's Revenue Office. Upon receipt of your invoice, you can go online at http://www.nj.gov/dep/online/ and pay with e-check, credit card or mail payment directly to **REVENUE** at the address listed on the invoice. NJDEP will then mail your decals.

Solid Vehicle Type** ***USE LETTER	***Amount you will be billed*** 5/1/11-4/30/12	***Amount you will be billed*** 5/1/12-4/30/13
SW Cab **(M)**	*$ 40.00*	*$ 20.00*
SW Trailer **(T)**	*$ 60.00*	*$ 30.00*
SW Container **(C)**	*$ 60.00*	*$ 30.00*
SW Single Unit **(S)**	*$ 100.00*	*$ 50.00*

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