



New Jersey Department of Environmental Protection
Site Remediation Program

NAME AND ADDRESS CHANGE REPORTING FORM

Date Stamp
(For Department use only)

This form is to be used to provide the Department with any name and address changes for any person(s) conducting remediation. The form is to be certified by the person whose name and/or contact information has changed.

In addition, pursuant to N.J.S.A. 58:10B-12o, the Department is required to insure that each final remediation document (No Further Action Letter (NFA) or Response Action Outcome (RAO)) and Remedial Action Permit include a condition for maintaining a current name and address with the Department. This condition requires that each person who was liable for remediation pursuant N.J.S.A. 58:10-23.11g (Spill Compensation and Control Act) and who remains liable for the discharge on that site due to a possibility that a remediation standard may change, undiscovered contamination may be found, or because an engineering control was used to remediate the discharge, shall maintain with the Department a current address at which that person may be contacted in the event additional remediation needs to be performed at the site. This form is also to be used to provide name and address updates to comply with this provision.

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List All AKAs: _____

Street Address: _____

Municipality: _____ (Township Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

SECTION B. PHASE OF REMEDIATION (Check all that apply)

- Preliminary Assessment, Site Investigation, Remedial Investigation or Remedial Action
- No Further Action Letter or Response Action Outcome Issued
- Remedial Action Permit Issued*

* Note: If this name and address change involves the transfer or ownership of a site involving a remedial action permit please complete the "Remedial Action Permit Transfer/Change of Ownership Application" available at http://www.nj.gov/dep/srp/srra/forms/rem_action_permit_transfer.pdf.

SECTION C. CONTACT TO BE UPDATED

- Person Responsible for Conducting the Remediation
- Permittee
- Co-Permittee

SECTION D. OLD CONTACT INFORMATION

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION E. NEW CONTACT INFORMATION (Only indicate change(s) to be updated)

Affiliation/Name of Organization: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION F. CERTIFICATION

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 Certified: _____
Name/Title: _____
Company Name: _____

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