



**New Jersey Department of Environmental Protection**  
 Division of Sustainable Waste Management

**FOOD WASTE RECYCLING WAIVER REQUEST FORM**

Date Stamp  
 (For Department use only)

Instructions for completing this form are available at:  
<https://www.nj.gov/dep/dshw/food-waste-recycling-law/reports-and-waivers.html>.

**SECTION A. GENERATOR INFORMATION**

Generator Name: \_\_\_\_\_

Generator Address: \_\_\_\_\_

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

**Generator Contact Information**

Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

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

1. Generator Type: \_\_\_\_\_

2. Estimated total volume of food waste (*this does not include post-consumer food waste*)  
 generated in previous 12 months..... \_\_\_\_\_ tons

3. Describe methodology used to quantify food waste generated in the past 12 months (*for example: if measured, include methodology for measurement; if estimated, describe the basis used for the estimate*):

4. Projection of the amount of food waste (*this does not include post-consumer food waste*)  
 that you will generate in the next 12 months. .... \_\_\_\_\_ tons

**SECTION B. SOLID WASTE FACILITY (*Within 25 Road Miles*)**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

**Facility Contact Information**

Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

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

1. Type of Solid Waste Facility: \_\_\_\_\_
  2. Disposal fee charged for noncontract commercial waste: ..... \$ \_\_\_\_\_
- Attach documentation:**  
*(Click the button to add files.  
Files will be visible in .pdf attachment list)*
3. Does the disposal fee include cost of transportation? .....  Yes  No

**SECTION C. SOLID WASTE HAULER**

Provide the following information about the hauler that provided the lowest cost for transportation:

Hauler Name: \_\_\_\_\_  
Hauler Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Hauler Contact Information**

Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

1. Transportation Fee:..... \$ \_\_\_\_\_
- Attach documentation:**
2. Does the transportation fee include cost of disposal? .....  Yes  No

**SECTION D. AUTHORIZED FOOD WASTE RECYCLING FACILITY (*Within 25 Road Miles*)**

1. Which authorized food waste recycling facility is located within 25 road miles of the large food waste generator?  
**Check all that apply:**  Waste Management CORE Elizabeth  Trenton Renewable Power
  2. Recycling Facility Fee: ..... \$ \_\_\_\_\_
- Attach documentation:**
3. Does the recycling fee include cost of transportation? .....  Yes  No

**SECTION E. FOOD WASTE HAULER**

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Facility Contact Information**

Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

1. Transportation Fee:..... \$ \_\_\_\_\_

**Attach documentation:**

2. Does the transportation fee include cost of recycling? .....  Yes  No

**SECTION F. COST ANALYSIS**

1. What is the difference in cost between transporting the food waste for disposal as solid waste plus the non-contract disposal fee charged for solid waste disposal and the cost of transporting the food waste plus the fee charged by the authorized food waste recycling facility? ..... % Less

2. Explain calculation used to support this difference in cost:

**SECTION G. NOTICE TO AUTHORIZED FOOD WASTE RECYCLING FACILITY**

1. When was notice of this petition provided to the recycling facility(ies)? .....Date: \_\_\_\_\_

2. Did the facility(ies) acknowledge receipt of this notification? .....  Yes  No

3. Attach a copy of the notification sent to any authorized food waste recycling facility located within 25road miles of the large food waste generator, as well as evidence received from the authorized food waste recycling facility(ies) indicating that the notification has been received.

A model notification letter is available online at <https://www.nj.gov/dep/dshw/food-waste-recycling-law/reports-and-waivers.html>.

**SECTION H. OPTIONAL SURVEY QUESTION**

1. Were alternative authorized methods of recycling food waste considered? .....  Yes  No

If "Yes", describe the method(s) that were considered and an explanation as to why alternative methods are not feasible:

**SECTION I. GENERATOR CERTIFICATION**

*By signing this document, the large food waste generator acknowledges that the information submitted in this form is correct to the best of their knowledge.*

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

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

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

Please attach supporting documents (i.e., estimates from haulers, disposal facilities, and food waste recycling facilities notification letter(s), acknowledgement from recycling facilities, etc.) that may support your petition.

The completed form should be emailed to [reducefoodwaste@dep.nj.gov](mailto:reducefoodwaste@dep.nj.gov)

**And mailed to:**            **Seth Hackman, Chief**  
   **Bureau of Planning and Licensing**  
   **P O Box 420**  
   **Mail Code: 401-02C**  
   **401 East State Street**  
   **2nd Floor, West Wing**  
   **Trenton, NJ 08625-0420**