

Amendment to Waste Transporter Information

Please type the required information, save the form as a PDF and e-mail to LRU@dep.nj.gov.

DEP Hauler Number:		
Complete this section using information currently on file with our Department		
Company Name:		
Company Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Place an x if company's physical address and mailing address are the same; If different complete the mailing address section.		
Company Mailing Address: <i>(complete only if different from physical address)</i>		
City:	State:	Zip Code:
Company Phone Number:		
Billing Contact Name:		
Email Address:		
Place an x for each change needed and provide new information below.		
<input type="checkbox"/> Company Name: <i>**If new tax ID assigned please contact our office.</i>		
<input type="checkbox"/> Company Physical Address:		
City:	State:	Zip Code:
Company Mailing Address: <i>(complete only if different from physical address)</i>		
City:	State:	Zip Code:
<input type="checkbox"/> Company Phone Number:		
<input type="checkbox"/> Billing Contact Name:		
<input type="checkbox"/> Email Address:		
Name of Person Completing Form:		
Affiliation with Company:		
Date Form Completed:		