



## State of New Jersey

**PHILIP D. MURPHY**  
Governor

Division of Waste Enforcement, Pesticides & Release Prevention  
Bureau of Hazardous Waste Compliance & Enforcement

**SHAWN M. LATOURETTE**  
Acting Commissioner

**SHEILA Y. OLIVER**  
Lt. Governor

Vehicle Registration Unit  
9 Ewing Street  
P.O. Box 420, Mail Code 09-01  
Trenton, NJ 08625-0420  
[LRU@dep.nj.gov](mailto:LRU@dep.nj.gov) 609-292-7081  
<https://wastedecals.nj.gov/>

### Requirements for A-901 Licensed Solid & Medical Waste Transporters

The New Jersey Department of Environmental Protection (NJDEP) requires ALL solid and medical waste transporters to register with the Department prior to picking up or disposing of waste in New Jersey. (see N.J.S.A. 13:1E-1 et. seq., N.J.A.C. 7:26G-7). A courtesy copy of New Jersey's waste regulations may be found at <https://www.nj.gov/dep/rules/>

- Transporters hauling **waste generated by another person or business** are required to obtain an "A-901 License" and a Certificate of Public Convenience and Necessity ("CPCN"). Forms and information on these requirements may be found at <https://www.nj.gov/dep/dshw/a901/a901frms.htm>. For A-901 questions please contact the Office of the Attorney General at (609) 376-2834. For CPCN questions please contact NJDEP's Economic Regulation Unit at 609- 984-4250.
- Vehicles must be registered as "Commercial" with the motor vehicle agency. **Passenger ("Pass") or Passenger-Commercial ("Pass-Com") vehicle registrations are not acceptable and your application will be returned.**

If your application package is approved and deemed administratively complete, it will be processed and entered into the NJDEP computer system. Subsequently a bill will be sent to you from the Department of Treasury which can be paid online or you can mail them a check. The decals will not be mailed until this bill has been paid in full. Be advised this process may take up to 8-10 weeks and you cannot legally transport waste until you have received your decal(s) and affixed them to your equipment.

If your application package is not approved or is submitted incompletely, NJDEP will place it "on hold" and you will be notified by e-mail of the missing items or requesting that you schedule a face-to-face interview at NJDEP.

If you have any questions please e-mail [LRU@dep.nj.gov](mailto:LRU@dep.nj.gov) or call 609-292-7081. You can also obtain additional information at the web site <https://wastedecals.nj.gov/>.

**Initial Application for A-901 Licensed Registered Solid Waste and/or Medical Waste Transporter**

<b>FOR NJDEP Use Only:</b>	NJDEP Registration #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NJEMS Program Interest #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Name:	<input type="text"/>															
Alternate Name:	<input type="text"/>															
Physical Address:	<input type="text"/>															
City:	<input type="text"/>								State:	<input type="text"/>		Zip:	<input type="text"/>			
Mailing Address:	<input type="text"/>															
City:	<input type="text"/>								State:	<input type="text"/>		Zip:	<input type="text"/>			
Contact Name-Last:	<input type="text"/>								First:	<input type="text"/>						
Office Phone:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Fax:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Cell Phone:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>									
E-Mail Address:	<input type="text"/>															

Organization Type (Circle One):	Proprietor	Partnership	Corporation	LLC	Homeowner	Other:																
Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Federal Employer ID #:	<input type="text"/>														
Incorporation Date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	County:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	State:	<input type="text"/>	<input type="text"/>								
Does your company engage in interstate (out of State) transportation of solid waste?	<input type="text"/>																					
If yes, what is your USDOT #:														<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For leased equipment, Lessor's USDOT number(s):	<input type="text"/>								<input type="text"/>													
(Attach additional sheets if needed)																						

Insurance Company Name:	<input type="text"/>												Policy #:	<input type="text"/>			
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Waste To Be Transported (Circle ALL That Apply):	<b>10</b> - Municipal (Household, Commercial & Institutional)	<b>12</b> - Dry Sewage Sludge						
<b>13</b> - Bulky Waste	<b>13C</b> Construction & Demolition	<b>23</b> - Vegetative Waste						
<b>25</b> - Animal & Food Processing Wastes	<b>27</b> - Dry Industrial	<b>72</b> - Bulk Liquids & Semi Liquids						
<b>73</b> - Septic Tank Clean Out Waste	<b>74</b> - Liquid Sewage Sludge							
Regulated Medical Waste – Generated by Others			Regulated Medical Waste – Self-Generated			Radiopharmaceuticals		

A-901 Approval Date (if applicable):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	CPCN Number (If applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous NJDEP registration # (If applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**EQUITY (COMPANY OWNERSHIP)** - "Equity" means any ownership interest in a business. It includes sole proprietorship, partner's shares, and stock in corporations. The form of ownership interest should be indicated in your answers below under the heading, Type of Equity, state whether shares are voting or non-voting. Attach additional sheets if needed.

Name	Federal Employer ID #	Type of Equity	% of Total Equity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CERTIFICATION:** 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 which may take the form of monetary penalties or revocation. I will notify the Department, in writing, of any changes to the information within this registration statement within thirty days. Furthermore, I certify that I am responsible for providing insurance for public liability and environmental restoration for any equipment registered with the Department to transport solid and/or medical waste, whether owned or leased. I authorize the New Jersey Department of Environmental Protection to confirm liability coverage with my insurance company. I further certify my company has the proper authority to operate on the public highways. I also acknowledge that pursuant to N.J.S.A. 54:50-24 et seq. my information will be shared with the Division of Taxation to verify there are no outstanding tax issues and understand my application will not be reviewed until such issues are resolved.

Printed Name	Signature	Title	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 <https://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.

**FEE CHART - AMOUNT YOU WILL BE BILLED:  
DO NOT SEND PAYMENT**

VEHICLE TYPES	Letter	Date Issued: 2/1/2021- 4/30/2022	Date Issued: 5/1/2022- 6/30/2023	Medical Waste Transporters(Med/Waste) Only		
SW Single Unit	<b>S</b>	\$100	\$50	A-901 Licensed Medical Waste Transporter Fee	\$7,900	\$3,950
SW Cab <i>(will not hold waste)</i>	<b>M</b>	\$40	\$20	A-901 Exempt Medical Waste Transporter Fee	\$1,300	\$650
SW Trailer	<b>T</b>	\$60	\$30	A-901 Exempt Medical Waste Transporter Fee Radiopharmaceuticals Only	\$400	\$200
SW Container	<b>C</b>	\$60	\$30			

**EQUIPMENT:** Please list below each piece of equipment to be used for transporting waste. For all such equipment (except containers) YOU MUST INCLUDE A COPY OF **MOTOR VEHICLE REGISTRATION AND PROOF OF INSURANCE**

**Passenger or Pass-Comm vehicle registrations are not acceptable.**

- **VIN** - Vehicle Identification Number as it appears on the Motor Vehicle registration
- **OVERNIGHT ADDRESS** - where vehicle is parked overnight
- **STATE** – which issued motor vehicle registration
- **LICENSE PLATE NO.** – Permanent License Plate Number
- **VEHICLE TYPE\*** **S** = Solid Waste Single Unit  
**M** = Solid Waste Cab  
**T** = Solid Waste Trailer  
**C** = Solid Waste Container
- \***EQUIPMENT LEASED? If Yes, attach Lease Agreement & Lease Certification**

	Vehicle Type * (Circle Letter)	License Plate #	State	Leased YES* or NO (Circle Answer)	DEP USE ONLY DECAL #
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T			Yes  No	
<b>Quantity of Container Decals Needed:</b> _____	XX	XXXXXXXX	XXXXXX	YES OR NO	

**EQUIPMENT TOTALS: SINGLE (S): \_\_\_\_\_ CAB (M): \_\_\_\_\_ TRAILER (T): \_\_\_\_\_ CONTAINER (C): \_\_\_\_\_**

**MANDATORY  
PROOF OF INSURANCE AND AUTHORITY TO OPERATE**

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(l) permittees, licensees and exempt transporters shall, for purposes of solid waste activities and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

**1. INTERSTATE SOLID WASTE TRANSPORTERS POSSESSING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY:** Provide a copy of your MCS-90 or MCS-82.

Pursuant to N.J.A.C. 7:26H-1.21 (evidence of insurance), Any utility engaged in solid waste collection or solid waste disposal shall file with the Department evidence of insurance or self-insurance, which certificate shall be in a form prescribed by the Department.

**2. All other SOLID WASTE TRANSPORTERS:** Provide a copy of your Insurance Card, MCS-90, or MCS-82 (listing your company with vehicle information), or a Certificate of Insurance (listing your company as insured with the vehicle info or the phrase, "any vehicle").

Pursuant to N.J.A.C. 7:26 3.2(a)6, registered Transporters must comply with NJMVC rules and regulations.

NOTE: Insurance cards or certificates of insurance will only be accepted from "intrastate" only, transporters.

**Additional Information & Guidance for Acceptable Proof of Insurance:**

**The Federal Motor Carrier Safety Administration (FMCSA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page can be located at: <https://www.fmcsa.dot.gov/>**

**For specific motor carrier questions you can contact the FMCSA at:**

<https://www.fmcsa.dot.gov/contact-us>

<https://www.fmcsa.dot.gov/mission/field-offices>

**For Hazardous Waste and Interstate Solid Waste Transporters**

**Question: Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)?**

**Answer: Guidance: No.** The motor carrier has the responsibility to obtain the proper financial responsibility levels.

**Question: What is the difference between interstate commerce and intrastate commerce?**

**Answer: Interstate** commerce is trade, traffic, or transportation involving the crossing of a State boundary. **Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary** to be considered an interstate carrier. Intrastate commerce is trade, traffic, or transportation within a single State.

<https://www.fmcsa.dot.gov/faq#name2>

This material is abbreviated and being supplied for informational purposes only. You are still obliged to exercise due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your exclusive use, possession, and control. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under New Jersey regulations.

**Be advised that the New Jersey Department of Environmental Protection may contact your insurance company to confirm liability coverage.**

**Initial Application to Become an A-901 Licensed Registered  
Solid Waste and/or Medical Waste Transporter  
Checklist**

Company Name: \_\_\_\_\_

- Solid & Medical Waste Initial Application:** Accurately completed and Signed Original form (2 Pages)
- Insurance:** VALID copies of applicable insurance information *FOR ALL VEHICLES*
  - Valid Motor Vehicle Insurance Card**  
**Do you travel Interstate: if Yes: Please supply: MCS-90 or MCS-82**
- Motor Vehicle Registration(s):** VALID copies *FOR ALL VEHICLES*  
Motor Vehicle registration must indicate that the vehicle is registered as Commercial and display the name of the NJDEP registrant (e.g. your company). **Passenger or Pass-Comm vehicle registrations are not acceptable.** For all equipment not registered under the name of the NJDEP registrant or for any lease equipment, see next requirement under LEASED VEHICLES
- Leased Vehicles**
  - Copy of written **Lease Agreement and Certification** – form available at <https://wastedecals.nj.gov/pagelinks/LeaseAgreementandCertification.docx>
- Copies of licenses, authorities, permits or approvals to transport waste in other states.
- This COMPLETED Checklist**

Please mail the **original** application, questionnaires and notarized affidavit along with **legible copies** of all required documentation listed above to:

**Department of Environmental Protection  
Division of Waste Enforcement, Pesticides & Release Prevention  
Bureau of Hazardous Waste Compliance & Enforcement  
Vehicle Registration Unit  
9 Ewing Street  
PO Box 420, Mail Code 09-01  
Trenton, NJ 08625-0420**

**DO NOT e-mail, fax or hand-deliver application**