



State of New Jersey

PHILIP D. MURPHY
Governor

Division of Compliance Operations and Coordination
Bureau of Licensing & Registrations
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CATHERINE R. MCCABE
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<https://wastedecals.nj.gov/>

PLEASE READ CAREFULLY

The New Jersey Department of Environmental Protection (NJDEP) requires ALL hazardous 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 **self-generated waste** must complete the "AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)" which must then be notarized and attached to the application.
- 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. Note: An A901 licensed transporter cannot apply to become self-generator unless they first surrender their A901 license and CPCN.
- 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.

If your application package is not approved or is submitted incompletely, NJDEP will mail you a Notice of Deficiency listing 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 or call 609-292-7081. You can also obtain additional information at the web site <https://wastedecals.nj.gov/>.

There is no direct cost associated with obtaining hazardous waste transporter decals. However, each year you will be assessed a fee for each ton of waste transported the previous year. More information is available on the web site: <https://www.state.nj.us/dep/enforcement/hw-fees.html>

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** = Hazardous Waste Single Unit
M = Hazardous Waste Cab
T = Hazardous Waste Trailer
C = Hazardous 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	
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	
Quantity of Container Decals Needed: _____	XX	XXXXXXXX	XXXXX	YES OR NO	

EQUIPMENT TOTALS: SINGLE (S): _____ CAB (M): _____ TRAILER (T): _____ CONTAINER (C): _____

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)**

I, the undersigned, am the duly authorized representative of _____ an applicant for a hazardous waste registration from the New Jersey Department of Environmental Protection. I hereby certify that the applicant named above is EXEMPT from the requirement to submit a disclosure statement for the following reason(s):

- Public Entity** - The applicant is a State department, division, agency, commission or authority, or county, municipality or agency representing the State of _____; or Federal government.
- Self-Generator** - The application is solely for the collection, transportation, treatment, storage or disposal of hazardous waste generated by the applicant who is NOT a commercial waste business.
- Hazardous Waste FACILITY** - The applicant is for the operation of a hazardous waste facility, if at least 75% of the total design capacity of that facility is utilized to treat, store or dispose of hazardous waste generated by the applicant.
(Capacity)
- Hazardous Waste FACILITY** - The applicant is for the operation of a hazardous waste facility, which is considered as such solely as the result of the recycling or refining of hazardous wastes which are or contain the following precious metals: gold, silver, osmium, platinum, palladium, iridium, rhodium, ruthenium, or copper.
(Classification)
- Hazardous Waste TRANSPORTER** - The application is solely for the transportation of hazardous waste, which are or contain precious metals (as described above) to a hazardous waste facility (as described above) for the purposes of reclamation.
(Classification)
- Management of Activated Carbon** - The application is solely for the collection, transportation, treatment, storage or disposal of granular activated carbon used in the absorption of hazardous waste.

Please provide a detailed description of the services offered by your company and what types of hazardous waste will be handled:

Please identify all other licenses, authorities, permits or approvals to transport waste in other states:

I certify that waste generated by my business is completely self-generated. **I certify that I shall not receive nor transport waste from third parties.** I hereby swear (or affirm) that the statements, brief description and attached interview notes made and answered by me are true. I am aware that if any of these statements and brief description made by me is willfully false, then I am subject to criminal prosecution for false swearing; and that filing a fraudulent affidavit could result in the assessment of civil penalties of not less than \$40,000 or more than \$50,000.

Print Name & Title as the Company Official

Signature

Date

Telephone Number

Notary Stamp Below

State of _____ County of _____

Sworn to and subscribed before me

this _____ day of _____ 20____

Print Name of Notary Public

Signature of Notary Public

**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) and N.J.A.C. 7:26G-7.2(b)7, permittees, licensees and exempt transporters shall, for purposes of solid waste and hazardous activities respectively and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

Provide a copy of your 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. 7:26G-7.2(a)2i proof of compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental damage set out in 49 C.F.R. Part 387

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 Registered as
Hazardous Waste Transporter
Checklist**

Company Name: _____

- Hazardous Waste Initial Application:** Accurately completed and Signed Original form (2 Pages)
- “AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)”**
– Notarized and sign original form
- Insurance:** VALID copies of applicable insurance information *FOR ALL VEHICLES*
 - Valid Motor Vehicle Insurance Card** or
 - 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 You must submit both:**
 - Copy of **written lease agreement AND**
 - Original NJDEP **Lease Certification** for ALL leased vehicles
See: <https://wastedecals.nj.gov/faq.html>
- 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:

**New Jersey Department of Environmental Protection
Division of Compliance Operations and Coordination
Bureau of Licensing & Registrations
9 Ewing Street, Mail Code 09-01
Trenton, NJ 08625-0420**

DO NOT E-MAIL, FAX OR HAND-DELIVER APPLICATION