



State of New Jersey

PHILIP D. MURPHY
Governor

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

SHAWN M. LATOURETTE
Acting Commissioner

SHEILA Y. OLIVER
Lt. Governor

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

Requirements for Public Entity Solid & Hazardous 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/>

- Vehicles must be registered as a public entity such as Federal Government, State Government, County Government, or Municipal Government with the motor vehicle agency.
- If any equipment is leased you must attached a **written Lease Agreement and Certification** – the form is available at <https://wastedecals.nj.gov/pagelinks/LeaseAgreementandCertification.docx>

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 or call 609-292-7081. You can also obtain additional information at the web site <https://wastedecals.nj.gov/>.

Initial Application to Become a Registered Solid Waste Transporter – Public Entity

FOR NJDEP Use Only:	NJDEP Registration #:	<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"/>	NJEMS Program Interest #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Entity Name:	<input style="width:100%;" type="text"/>																						
Alternate Name:	<input style="width:100%;" type="text"/>																						
Physical Address:	<input style="width:100%;" type="text"/>																						
City:	<input style="width:100%;" type="text"/>										State:	<input style="width:50px;" type="text"/>	Zip:	<input style="width:100%;" type="text"/>									
Mailing Address:	<input style="width:100%;" type="text"/>																						
City:	<input style="width:100%;" type="text"/>										State:	<input style="width:50px;" type="text"/>	Zip:	<input style="width:100%;" type="text"/>									
Contact Name-Last:	<input style="width:100%;" type="text"/>										First:	<input style="width:100%;" type="text"/>											
Office Phone:	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>													Fax:	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>
Cell Phone:	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>	-	<input style="width:20px;" type="text"/>																		
E-Mail Address:	<input style="width:100%;" type="text"/>																						

Entity Type (Circle One): Municipality County State Government Authority Federal Government Other

Type of Insurance Coverage (**Circle One**): Commercial Liability MCS-90 MCS-82 Other: _____

Insurance Company Name: _____ Policy #: _____

Waste To Be Transported (Circle **ALL** That Apply): **10** - Municipal (Household, Commercial & Institutional) **12** - Dry Sewage Sludge

13 - Bulky Waste **13C** Construction & Demolition **23** - Vegetative Waste **25** - Animal & Food Processing Wastes

27 - Dry Industrial **72** - Bulk Liquids & Semi Liquids **73** - Septic Tank Clean Out Waste **74** - Liquid Sewage Sludge

Regulated Medical Waste – Generated by Others Regulated Medical Waste – Self-Generated Radiopharmaceuticals

Previous NJDEP registration # (If applicable): CPCN Number (If applicable): **S** **W**

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 any leased equipment for public liability and environmental restoration** for any equipment that the Lessor has registered with the Department of Environmental Protection to transport solid and/or hazardous waste, whether it is 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.

Printed Name	Signature	Title	Date Signed
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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 C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
VIN: OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S M T C			Yes No	
Quantity of "Container Only" Decals Needed: _____	XX	XXXXXXXX	XXXXX	YES OR NO	

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

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.

*Vehicle Type <i>USE LETTER</i>	Decals obtained between 2/1/21-4/30/22	Decals obtained between 5/1/22-4/30/23	Decals obtained between 5/1/23-4/30/24	Decals obtained between 5/1/24-4/30/25	Decals obtained between 5/1/25-4/30/26
Single Unit (S)	\$178	\$144	\$108	\$72	\$36
Cab (M)	\$178	\$80	\$60	\$40	\$20
Trailer (T)	\$178	\$120	\$90	\$60	\$30
Container (C)	\$22	\$22	\$22	\$22	\$22
Cab Card Replacement	\$10	\$10	\$10	\$10	\$10

**Initial Application to Become Registered as
Solid Waste Transporter – Public Entity
Checklist**

Public Entity Name: _____

- 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 or other documentation if self insured**
- Motor Vehicle Registration(s):** VALID copies *FOR ALL VEHICLES*
Motor Vehicle registration must indicate that the vehicle is registered as a Public Entity and display the name of the Public Entity. 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>
- This COMPLETED Checklist**

Please mail the **original** application 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