

# **BUSINESS CONCERN DISCLOSURE STATEMENT FOR LESSORS**

Mail to:

Environmental Permitting and Counseling Section, A901 Unit  
25 Market Street, P.O. Box 093  
Trenton, NJ 08625-0093  
(609) 376-3270

Name and Mailing Address of Applicant:

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Name of A901 Applicant who this company is leasing to:

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Name of person to be contacted in reference to these forms:

*(Please only list an Attorney, Owner or other Key Employee that can discuss company information).*

Name:

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Title:

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Phone:

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Email:

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**Please provide a detailed description of each of your company's leasing agreements for equipment and drivers in New Jersey, in the past five years.**

Attach a copy of each lease agreement.

Please attach any other documents you possess to support your answer

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**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

**Name of Lessee** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**# of vehicles leased:** \_\_\_\_\_ **# of drivers leased:** \_\_\_\_\_

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## PART I: APPLICANT IDENTIFYING DATA

**1. COMPANY INFORMATION.** Fill in the following information concerning the company completing this application and attach the applicable form listed below.

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

NJ- Please enclose a copy of your company's New Jersey Certificate of Incorporation.

Outside NJ – If your company was created outside of New Jersey, enclose the certificate of formation from the company's home state or country, and a New Jersey Certificate of Authority.

Certificate of Incorporation #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Check One:  Corporation     LLC     Partnership     Sole Proprietorship

Street address of principal office - **do not list P.O. Box:**

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Does your company use an alternate name? No  Yes  If yes, list all alternate names below and attach proof of registration. Your company must register any alternate name or trade name in accordance with N.J.S.A. 14A:2-21 (for corporations), N.J.S.A. 42:2B-4 (for limited liability companies) or N.J.S.A. 42:2A-6.1 (for limited partnerships).

Alternate or Trade names: \_\_\_\_\_

Previously used names: \_\_\_\_\_

### **2. EXISTING REGISTRATIONS/PERMITS/I.D.s**

USDOT #: \_\_\_\_\_ USEPA #: \_\_\_\_\_

Other: \_\_\_\_\_

**3. APPLICANT'S LOCATIONS IN NEW JERSEY.** List all locations in the State of New Jersey where your company **has operated in the last ten years, is currently operating or plans to operate:** any aspect of a recycling, solid waste, hazardous waste, or soil and fill recycling business (except as a small quantity generator), including offices or equipment storage. Please enclose copies of the State-issued document authorizing your company to operate the facility. If the solid waste, hazardous waste, or soil and fill recycling facility operates under a settlement agreement, consent order, or court order, attach copy of same.

**Address:** \_\_\_\_\_

Description of Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**Address:** \_\_\_\_\_

Description of Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**Address:** \_\_\_\_\_

Description of Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**4. APPLICANT'S LOCATIONS OUTSIDE OF NEW JERSEY.** List all locations outside of New Jersey where your company **has operated in the last ten years, is currently operating or plans to operate:** any aspect of a recycling, solid waste, hazardous waste, or soil and fill recycling business, including offices or equipment storage. Enclose copies of the State-issued document authorizing your company to operate the facility. If the facility operates under a settlement agreement, consent order, or court order, attach copy of same.

**Address:** \_\_\_\_\_

Description of Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**Address:** \_\_\_\_\_

Description of Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_

## PART II: PARTNERSHIP/JOINT VENTURE DATA

(Part II to be completed **only** by Partnerships or Joint Ventures)

**5.** If any business concern is listed below, a separate Business Concern Disclosure Statement (**not a Second-Level Statement**) describing that business concern must be completed and filed with this Disclosure Statement.

**6. PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer **and enclose agreement(s)**. Use additional copies of this page, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners." **Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form.** Each individual listed below must also be listed in Part V: Involved Individuals. Do not provide SS# for any individual who has not signed the Consent Form for Disclosure of Social Security Number.

**Name:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pick one:     General Partnership     Limited Partnership     Joint Venture

**Name:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pick one:     General Partnership     Limited Partnership     Joint Venture

**Name:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pick one:     General Partnership     Limited Partnership     Joint Venture

## PART III: OWNERSHIP

7. Provide information below for each individual and business concern that currently holds equity in your company or has previously held equity in your company in the last five years.

Each individual listed below must submit a Personal History Disclosure Statement. Each business listed below must submit a Second Level Business Concern Disclosure Statement.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date that interest was obtained: \_\_\_\_\_ / \_\_\_\_\_ % of interest: \_\_\_\_\_

**8. OWNERSHIP CHART.** Please provide a chart detailing your company's ownership structure.

If your company is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, supply a chart showing the names, FEIN numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Include ultimate parents. This question applies to related companies in any business, not just the solid waste, hazardous waste, or soil and fill recycling business.

## PART IV: EXPERIENCE AND CREDENTIALS

9. Does your company currently hold a Transporter Registration issued by NJDEP? Has your company held a Transporter Registration within the past five years?

No  Yes , Provide the following information:

Name of Registrant: \_\_\_\_\_ Registration #: \_\_\_\_\_

Name of Registrant: \_\_\_\_\_ Registration #: \_\_\_\_\_

10. Does your company currently hold any license or registration issued by the New Jersey Division of Consumer Affairs? Has your company held any such license or registration within the past five years? [ ] No [ ] Yes, :

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Type of License: \_\_\_\_\_ Currently Valid? [ ]

**Name of Licensee:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Type of License: \_\_\_\_\_ Currently Valid? [ ]

11. Describe your company's experience and credentials in the brokerage, collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste, hazardous waste, or soil and fill recyclable materials.

Check here if additional copies of this page are attached.

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## PART V: RELATIONSHIPS WITH OTHER COMPANIES

**12. SUBCONTRACTING, BROKERING, AND CONSULTING.** Has your company worked as a subcontractor, broker or consultant in the last five years, for work relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of solid waste, hazardous waste or soil and fill recyclable materials?

No  Yes , Provide the following information and provide a copy of each work agreement.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Description of Work Done:

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Description of Work Done:

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Description of Work Done:

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Description of Work Done:

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Description of Work Done:

\_\_\_\_\_

Check here if additional copies of this page are attached.

**13. EQUITY INTERESTS.** List any business concern, in the United States or in any foreign country, in which your company currently holds any equity interest, or previously held at least a twenty-five percent interest within the last five years.

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ % of Equity: \_\_\_\_\_ Equity Held from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Description of Equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ % of Equity: \_\_\_\_\_ Equity Held from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Description of Equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ % of Equity: \_\_\_\_\_ Equity Held from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Description of Equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

FEIN #: \_\_\_\_\_ % of Equity: \_\_\_\_\_ Equity Held from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Description of Equity: \_\_\_\_\_

## **PART VI: INVOLVED INDIVIDUALS**

**14.** List all individuals currently involved with this company. Each individual listed below must sign the attached Consent Form for Disclosure of Social Security Numbers **and must submit a Personal History Disclosure Statement.**

### **OFFICERS**

Name	Title	Date of Birth	SSN

### **DIRECTORS**

Name	Title	Date of Birth	SSN

### **LLC MEMBERS**

Name	Date of Birth	SSN	% of Membership

**DEBT HOLDERS**

Name	Date of Birth	SSN	Balance of Debt

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**KEY EMPLOYEES**

Please list any individual employed by your company in a supervisory capacity or empowered to make discretionary decisions with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company within New Jersey. N.J.S.A. 13:1E-127(f).

Name	Title	Date of Birth	SSN

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**FAMILY MEMBERS**

Please list any family member of any officer, director, partner, key employee, employed or otherwise engaged by the applicant.

Name	Title	Date of Birth	SSN

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**SALES PERSONS**

Please list any individual employed by your company who makes or arranges for sales for the applicant with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company with New Jersey. N.J.S.A. 13:1E-127(f).

Name	Title	Date of Birth	SSN

**CONSULTANTS**

Please list any person who performs functions for the applicant, who does not already hold a professional license from the State of New Jersey.

Name	Title	Date of Birth	SSN

**15. DEBARRED INDIVIDUALS.** List all individuals involved with this company in any capacity whatsoever: whether as employee, consultant, landlord, tenant, debtholder, lessor or equity holder: who have ever been debarred from the New Jersey or New York waste industries. You can find a list of the individuals barred from the New Jersey waste industry at <http://www.state.nj.us/dep/dshw/a901/A901debarmentlist.pdf>

Name	Title	Date of Birth

## PART VII: FINANCIAL HISTORY

**16. DEBT HELD BY CHARTERED LENDING INSTITUTIONS.** List the following information as to debt liability held by any chartered lending institution, such as a commercial bank or savings & loan association, now or within the last five years. Provide a copy of each debt document.

"Debt liability" means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured. In answering the questions which follow, you may omit accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the applicant's total debt liability.

**Institution:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Description of Debt: \_\_\_\_\_

Date incurred	Expected End Date	\$ Original Balance	\$ Present Balance
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**Institution:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Description of Debt: \_\_\_\_\_

Date incurred	Expected End Date	\$ Original Balance	\$ Present Balance
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**17. DEBT HELD BY OTHER LENDERS.** List all debt liability owed by your company to any other business concern, now or within the last five years. Individuals who hold debt liability of your company must be listed in Part VI: Involved Individuals.

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Description of Debt: \_\_\_\_\_

Date incurred	Expected End Date	\$ Original Balance	\$ Present Balance
---------------	-------------------	---------------------	--------------------

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Description of Debt: \_\_\_\_\_

Date incurred	Expected End Date	\$ Original Balance	\$ Present Balance
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**18. BANKRUPTCY:** Has your company or a parent company of your company filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last 10 years? No  Yes , Provide the following information:

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter: [ ]7 [ ]11 [ ]13 Disposition: \_\_\_\_\_

**Date of Petition:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Chapter: [ ]7 [ ]11 [ ]13 Disposition: \_\_\_\_\_

**19.** If your waste or fill business has been organized within the last ten years, or is yet to be organized, describe the source and amounts of the money enabling the company to commence operations.

If the source is personal funds, provide the amount, the bank name and account number.

If the source is another individual, provide the amount and that person's full name and address.

If the source is a business, provide the amount and the business's full name and address.

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## PART VIII: LICENSES AND PERMITS HELD

**20.** List **all** licenses, permits, registrations, approvals, and operating authorizations issued to the applicant in the last ten years by any local, state or federal environmental regulatory agency. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Include a copy of each document.

### Description of Document:

\_\_\_\_\_

Document was in use from (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Agency reference #: \_\_\_\_\_

### Description of Document:

\_\_\_\_\_

Document was in use from (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Agency reference #: \_\_\_\_\_

### Description of Document:

\_\_\_\_\_

Document was in use from (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Agency reference #: \_\_\_\_\_

### Description of Document:

\_\_\_\_\_

Document was in use from (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Agency reference #: \_\_\_\_\_



## PART IX: ENVIRONMENTAL VIOLATIONS HISTORY

**21.** List all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders, Administrative Actions, civil complaints, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to:

- a. Your company, any predecessor of your company, or any previous name under which your company operated;
- b. Subsidiaries: Any business in which your company holds at least twenty-five percent of equity or debt liability;
- c. Sister companies: Any business in which your company's parent company holds more than twenty-five percent of the equity or debt liability; or
- d. Any Owner, Officer, Director, Partner, Joint Venturer or Key Employee of your company, and any business concern owned or controlled by any such individual;

within the past ten years by any local, state or federal environmental enforcement agency, including the New Jersey Department of Environmental Protection, the New Jersey Board of Public Utilities, and the United States Environmental Protection Agency. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Include a copy of each document.

**Name of entity cited:** \_\_\_\_\_ **Date of issuance:** \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Amount of penalty or damages: \$ \_\_\_\_\_

Description of Allegations:

\_\_\_\_\_

**Name of entity cited:** \_\_\_\_\_ **Date of issuance:** \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Amount of penalty or damages: \$ \_\_\_\_\_

Description of Allegations:

\_\_\_\_\_

## PART X: CIVIL JUDGMENTS AND PENDING LITIGATION

**22. CIVIL JUDGMENTS.** List and explain all judgments of liability in excess of \$60,000 rendered against your company in the past ten years. You need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

**Caption of case:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Venue: \_\_\_\_\_

Date judgment or order entered: \_\_\_\_\_ Amount of judgment: \$ \_\_\_\_\_

Description of case:  
\_\_\_\_\_

**Caption of case:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Venue: \_\_\_\_\_

Date judgment or order entered: \_\_\_\_\_ Amount of judgment: \$ \_\_\_\_\_

Description of case:  
\_\_\_\_\_

**23. PENDING LITIGATION.** List and explain all civil suits and arbitration cases in which your company is presently involved as a party. You need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; and suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Caption of case: \_\_\_\_\_

Docket #: \_\_\_\_\_ Venue: \_\_\_\_\_

Description of case:  
\_\_\_\_\_

## PART XI: CRIMINAL PROCEEDINGS

**24.** List all indictments, accusations, summonses, complaints, and informations filed against your company for any crime, including misdemeanors and disorderly persons offenses. Notwithstanding the foregoing, you need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) other than a violation of the provisions of N.J.S.A. 39:5B-18 et seq., N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed.  Check here if additional copies of this page are attached.

**Entity charged:** \_\_\_\_\_ **Date of Charge:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Alleged offenses: \_\_\_\_\_

Disposition or Sentence: \_\_\_\_\_

**Entity charged:** \_\_\_\_\_ **Date of Charge:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Alleged offenses: \_\_\_\_\_

Disposition or Sentence: \_\_\_\_\_

**Entity charged:** \_\_\_\_\_ **Date of Charge:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Alleged offenses: \_\_\_\_\_

Disposition or Sentence: \_\_\_\_\_

**Entity charged:** \_\_\_\_\_ **Date of Charge:** \_\_\_\_\_

Docket #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Alleged offenses: \_\_\_\_\_

Disposition or Sentence: \_\_\_\_\_

**25. EVIDENCE OF REHABILITATION.** A conviction of your company for any of the crimes listed in N.J.S.A. 13:1E-133(b), as well as Appendix B of this document, will result in denial of this application, unless your company can demonstrate rehabilitation from the crimes "by clear and convincing evidence." The factors the Department will consider are set forth in N.J.S.A. 13:1E-133.1(c) as well as Appendix C. Set forth any written evidence or arguments you wish to make that demonstrate rehabilitation. Attach additional sheets if necessary. Attach any additional documents you wish the Department to consider.

Check here if additional copies of this page are attached.

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**PART XII: CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS**

Each individual currently involved with this company and listed in Part VI, "Involved Individuals," must submit a signed copy of this form.

I, \_\_\_\_\_, hereby certify that I have read the Notice on this page and I consent to the disclosure of my social security number for the limited purposes set forth therein.

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a(note), any government agency which requests an individual to disclose his Social Security account number must inform that individual by what statutory or other authority such number is solicited, what uses will be made of it, and whether the disclosure is mandatory or voluntary.

The New Jersey Department of Environmental Protection is authorized to request Social Security numbers by N.J.S.A. 13:1E-127(e), the section of the A-901 statute that defines the content of the Disclosure Statement. The Social Security number is used as a secondary identifier when the State Police conduct checks of criminal history records maintained by the State and Federal governments. When the State Police obtain records from outside sources, the Social Security number may be used to determine whether the records pertain to the individual under investigation.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Federal Privacy Act of 1974, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, confirmation of identification without a Social Security number may take longer, which would lengthen the State Police investigation and thereby lengthen a decision on licensure. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

/s/  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

### PART XIII: RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
(Complete Name of Business Entity) (Name of Authorized Individual)

authorize the New Jersey Attorney General to conduct an investigation into the background of my company for the purpose of determining its fitness to participate in the New Jersey waste and fill industry, as provided under N.J.S.A. 13:1E-126 et seq.

I hold the authority to sign this Release Authorization. Therefore, you are hereby authorized to release any and all information and documents pertaining to my company, as requested by an appropriate employee, agent or representative of the New Jersey Attorney General.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Date: \_\_\_\_\_ Signature: /s/ \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title/Position: \_\_\_\_\_

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

)

On \_\_\_\_\_, I, \_\_\_\_\_,  
Date Name of Notary Public

witnessed \_\_\_\_\_  
Name of Signatory

sign this Release Authorization as his or her own act.

Notary Public Signature: /s/ \_\_\_\_\_

SEAL

**PART XIV: BUSINESS CONCERN DISCLOSURE STATEMENT CERTIFICATION**

This Business Concern Disclosure Statement must be signed and certified below by a responsible official of your company.

I, \_\_\_\_\_, hereby certify that I have read, in its entirety, the attached completed Business Concern Disclosure Statement of

\_\_\_\_\_,  
Full Legal Name of Business Entity

as well as the instructional material provided with this document, and that the information provided is true. I further certify that I have caused a diligent effort to be made by the employees and agents of this company to honestly and thoroughly respond to the inquiries in this Business Concern Disclosure Statement and that I have ensured that the information provided on this Business Concern Disclosure form has been verified. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution. I acknowledge that providing inaccurate answers to material questions, or false answers to any question, shall constitute grounds for denial of this application or revocation of any license issued.

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

Signature: /s/ \_\_\_\_\_

Print Name: \_\_\_\_\_

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

)

On \_\_\_\_\_, I, \_\_\_\_\_,  
Date Name of Notary Public

witnessed \_\_\_\_\_  
Name of Signatory

sign this Release Authorization as his or her own act.

Notary Public Signature: /s/ \_\_\_\_\_

SEAL

## APPENDIX A: INSTRUCTIONS

**For questions related to the A-901 Program, feel free to contact the New Jersey Division of Law, Environmental Permitting and Counseling Section, A901 Unit at (609) 376-3270.**

- 1. WHO MUST FILL OUT THIS FORM.** Companies seeking an A901 License to broker or transport solid waste, hazardous waste, or soil and full recyclable material in New Jersey must complete this form.
- 2. ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. Provide a response in each section. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", with an explanation of why. Unanswered questions will result in the form being deemed incomplete and, therefore, returned for additional information.
- 3. ANSWER COMPLETELY AND TRUTHFULLY.** You should not answer "Do Not Remember" or something similar simply because the information is not immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely. Failure to answer truthfully may result in a denial or revocation of a business concern's application or license.
- 4. ADDITIONAL SPACE.** If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears.
- 5. FEE CALCULATION.** Certain fees must be paid to the Division of Law in connection with the processing of this Disclosure Statement. The Division of Law will calculate the fee upon the review of the Disclosure Statement and forward an invoice to the applicant - **DO NOT SEND PAYMENT WITH THE SUBMISSION OF THIS DISCLOSURE DOCUMENT.**
- 6. PERSONAL HISTORY DISCLOSURE FORMS.** Personal History Disclosure Forms must be submitted by the equity holders, directors, officers, partners, family members, sales persons, consultants, and key employees of the applicant or license-holder itself.
  - a. In addition, Personal History Disclosure Forms must be filed by the equity holders, directors, partners and officers of all parent companies of the applicant or license-holder. This applies to all immediate, intermediate and ultimate parent companies.
  - b. Please Note: If a business concern has more than four officers or two key employees, contact the Division of Law at the numbers or address noted below prior to submitting the Personal History Disclosure Statements for those officers or key employees.
- 7. LESSOR BUSINESS CONCERN DISCLOSURE STATEMENTS.** Business Concern Disclosure Statements for Lessors must be filed by business concerns from which the applicant leases ten or more solid waste vehicles and operators and which are not themselves permittees or licensees, or when such leased vehicles represent at least 20 percent of the permittee's or licensee's fleet of solid waste vehicles, or when they lease 20 or more solid waste operators from a single lessor which is not a permittee or licensee, as well as personal history disclosure statements for the lessor's directors, officers, key employees, partners, and equity holders. N.J.A.C. 7:26-16.6(i) and (j).
- 8. SECOND-LEVEL BUSINESS CONCERN DISCLOSURE STATEMENTS.** Second-Level Business Concern Disclosure Statements must be filed by all parent companies of the applicant,



including all immediate, intermediate and ultimate parent companies. Each parent company must file a separate Second-Level Business Concern Disclosure Statement.

Parent companies include any business concern which holds any equity or debt liability in the applicant or license-holder itself, or which holds, directly or through another entity, any debt liability or equity in a parent company. In other words, all business entities "upstream" of the applicant or license holder, i.e., parents, grandparents, great-grandparents, etc. must file Second-Level Business Concern Disclosure Statements. These Second-Level Forms must be submitted along with the Business Concern Disclosure Statement of the applicant or license holder. Debt liability does not include debts owed to a chartered lending institution, or accounts payable for goods and services received unless the amount owed to a particular creditor is greater than \$10,000 and also exceeds 5% of the business concern's total debt liability or net worth, whichever is greater.

**9. ATTACHMENTS AND/OR EXHIBITS.** In order to submit any document in connection with your answer to any question, refer to it in your answer as "Attachment No.\_\_\_\_\_" or "Exhibit No.\_\_\_\_\_" and attach it at the end of the form.

**10. TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible. This form is available online at [www.state.nj.us/dep/dshw](http://www.state.nj.us/dep/dshw).

### **WARNING**

**FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS ON DISCLOSURE STATEMENTS MAY RESULT IN THE DENIAL OR REVOCATION OF A LICENSE OR LOSS OF AUTHORIZATION TO ACT AS A LESSOR TO A LICENSEE OR PERMITTEE. IN ADDITION, ANY PERSON WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.**


Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction will probably not disqualify you or your company from being licensed -- but attempting to conceal the conviction may lead to a finding of untrustworthiness and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, an application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way -- For example, by writing "Do Not Remember". This may result in additional inquiries from the Department or the Attorney General's Office, but it will avoid the implication that you are trying to conceal information. However, you should not answer "Do not remember", simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

## APPENDIX B: FINGERPRINTS

**IF YOU LIVE OR WORK IN NEW JERSEY, OR WITHIN FIFTY MILES OF NEW JERSEY:** New Jersey uses the “Live Scan” fingerprinting process for individuals who work or reside within an approximate 50 mile radius of New Jersey. After you have submitted your application, you will receive instructions from New Jersey State Police on Live Scan fingerprinting.

**IF YOU LIVE AND WORK FURTHER THAN FIFTY MILES FROM NEW JERSEY:** Individuals who work and reside outside of a 50 mile radius of the State of New Jersey can obtain fingerprint cards at: <http://www.state.nj.us/dep/dshw/a901/a901frms.htm>. Follow the instructions that accompany the cards. You can also contact us for assistance at 609-376-3270.



**New Jersey State Police**

**THIS RECORD IS SUBJECT TO THE  
FOLLOWING USE AND DISSEMINATION  
RESTRICTIONS**

Under provisions set forth in *Title 28, Code of Federal Regulations (CFR), Section 50.12*, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in *Title 28, CFR, Section 16.34*.

## **APPENDIX C: DISQUALIFYING CRIMES**

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste, hazardous waste, or soil and fill recycling license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 23 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes owners, stockholders, officers, directors, partners, key employees, family members, sales persons, consultants, and holders of debt liability. The term "shown to have a beneficial interest" is meant to cover situations where an individual has an informal interest that may not show up on a disclosure statement-- such as a regular cash payment from company funds.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnapping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except N.J.S.A. 2C:35-10 or possession of 84 grams or less of marijuana,
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A. 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A.
23. Aggravated Assault.

## **APPENDIX D: REHABILITATION CRITERIA**

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction where the applicant, a licensee or individual demonstrates "by clear and convincing evidence" the convicted person's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors when weighing the issue of rehabilitation for convicted individuals:

1. The nature and responsibilities of the position which a convicted individual would hold;
2. The nature and seriousness of the crime;
3. The circumstances under which the crime was committed;
4. The date of the crime;
5. The age of the individual when the crime was committed;
6. Whether the crime was an isolated or repeated act;
7. Any evidence of good conduct in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, or the recommendation of persons who have supervised the convicted individual since the conviction;
8. The full criminal record of the convicted individual, any record of civil or regulatory violations or notices or any complaints alleging any such civil regulatory violations, or any other allegations of wrongdoing.

### SEVERANCE OF DISQUALIFYING INDIVIDUALS

As an alternative to demonstrating "rehabilitation", an applicant or licensee may be able to avoid disqualification by severing the interest or affiliation of the person who would otherwise cause disqualification. Under a regulation of the Department, N.J.A.C. 7:26-16.11, companies that choose this course must completely sever the individual's interest or affiliation, and file an affidavit attesting to the terms of the removal.

Applicants and licensees should be aware that severing a disqualifying individual will not necessarily guarantee a license, especially if the presence of the disqualified individual evidences unreliability in the company management.