

SOLID WASTE ORIGIN AND DISPOSAL FORM

A. Transporter Section: To be completed by the TRANSPORTER PRIOR to TRANSPORT to the DISPOSAL SITE

1. Name of Registered Transporter _____ Phone No. _____ 2. NJDEP Registration No. _____
 Check one that applies →

3. Type of Transporter Registration A-901 License Registered Self-Generator Registration Exempt 4. Waste Self-Generated YES NO

5. Name of LEASOR if the Solid Waste VEHICLE is Leased: _____

6. Decal No.	Type	License Plate	Capacity/CY	Vehicle Leased	
				Circle one	
	CAB or SINGLE UNIT			Yes	No
	CONTAINER	N / A		Yes	No
	TRAILER			Yes	No

7. A. **Waste Type** (Please Circle)
 ID 107 ID 108 ID 13 ID 13C ID 13L
 ID 23 ID 25 ID 27 ID 27A ID 272
 Other : _____

8. Transporter to Complete Waste Origin Information

Municipality (ies)	County (ies)	State	% of Load
		NJ	
		NJ	
		NJ	
		NJ	

9. Date Waste Collected _____

10. Transporter's Certification: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE

PRINT DRIVERS NAME _____ DRIVER'S SIGNATURE _____ DATE _____

7/12/2012 BJS

B. DISPOSAL DESTINATIONS

TRANSPORTER COMPLETES 11 & 12

11. Final Disposal Facility Name & State Monmouth County Reclamation Center New Jersey (M.C.R.C. N.J.)

12. Non Hazardous Manifest #, Bill of Lading #, or Pull Ticket # _____
WEIGH-MASTER COMPLETES 13 through 17

13 In State weigh location Monmouth County Reclamation Center (M.C.R.C.)

14. GROSS WGT. _____ NET WGT. (In State Disposal only) _____ 15. Scale Ticket # (In State Disposal Only) _____

16. Weigh-master's Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE GROSS WEIGHT FIGURE IS TRUE AND ACCURATE FOR THE LOADS GOING OUT OF STATE.

SIGNATURE: _____ DATE: _____

C. IN STATE DISPOSAL FACILITY SECTION (To be completed by facility operator for loads disposed of in State only)

17. New Jersey Receiving Facility Operator Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE WASTE AS IDENTIFIED BY THE TRANSPORTER IS PERMITTED TO BE DISPOSED AT THIS FACILITY.

Receiving Facility Permit or ID# 1336F DATE _____ TIME _____ OPERATOR'S STAMP OR SIGNATURE _____

SOLID WASTE ORIGIN AND DISPOSAL FORM

A. Transporter Section: To be completed by the TRANSPORTER PRIOR to TRANSPORT to the DISPOSAL SITE

1. Name of Registered Transporter _____ Phone No. _____ 2. NJDEP Registration No. _____
 Check one that applies →

3. Type of Transporter Registration A-901 License Registered Self-Generator Registration Exempt 4. Waste Self-Generated YES NO

5. Name of LEASOR if the Solid Waste VEHICLE is Leased: _____

6. Decal No.	Type	License Plate	Capacity/CY	Vehicle Leased	
				Circle one	
	CAB or SINGLE UNIT			Yes	No
	CONTAINER	N / A		Yes	No
	TRAILER			Yes	No

7. A. **Waste Type** (Please Circle)
 ID 107 ID 108 ID 13 ID 13C ID 13L
 ID 23 ID 25 ID 27 ID 27A ID 272
 Other : _____

8. Transporter to Complete Waste Origin Information

Municipality (ies)	County (ies)	State	% of Load
		NJ	
		NJ	
		NJ	
		NJ	

9. Date Waste Collected _____

10. Transporter's Certification: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE

PRINT DRIVERS NAME _____ DRIVER'S SIGNATURE _____ DATE _____

7/12/2012 BJS

B. DISPOSAL DESTINATIONS

TRANSPORTER COMPLETES 11 & 12

11. Final Disposal Facility Name & State Monmouth County Reclamation Center New Jersey (M.C.R.C. N.J.)

12. Non Hazardous Manifest #, Bill of Lading #, or Pull Ticket # _____
WEIGH-MASTER COMPLETES 13 through 17

13 In State weigh location Monmouth County Reclamation Center (M.C.R.C.)

14. GROSS WGT. _____ NET WGT. (In State Disposal only) _____ 15. Scale Ticket # (In State Disposal Only) _____

16. Weigh-master's Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE GROSS WEIGHT FIGURE IS TRUE AND ACCURATE FOR THE LOADS GOING OUT OF STATE.

SIGNATURE: _____ DATE: _____

C. IN STATE DISPOSAL FACILITY SECTION (To be completed by facility operator for loads disposed of in State only)

17. New Jersey Receiving Facility Operator Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE WASTE AS IDENTIFIED BY THE TRANSPORTER IS PERMITTED TO BE DISPOSED AT THIS FACILITY.

Receiving Facility Permit or ID# 1336F DATE _____ TIME _____ OPERATOR'S STAMP OR SIGNATURE _____