

Monmouth County Reclamation Center

Instruction for Completing Escrow Account Application and use of O&D Form

Print out pages two and three of this PDF. It will be the Escrow Application, which must be completed and mailed to the address on the bottom on the application. The application can also be hand delivered to the Scales Office at 6000 Asbury Avenue Tinton Falls.

All Government agency applications will be taken care of by the Finance Department located on the third floor Hall of Records Building at 1 East Main Street Freehold.

BE SURE TO ENCLOSE A COPY OF A NJDEP CARD, VEHICLE REGISTRATION, AND A FORM OF PAYMENT. (Cash and checks are accepted) **If you are mailing do not send CASH, Please send CHECKS ONLY.**

The O&D forms are pages four, five, and six of this PDF.

Page 4 is the M.C.R.C. generated form
Pages 5 & 6 are the NJDEP Official Form

You may use either the MCRC or the NJDEP form at your discretion. Whichever form is use it must be completed prior to entering the Landfill for disposal. Print the form at your office, because it will be a cost of **\$0.50** for each form at the Landfill if you do not have one. (**CASH ONLY**) When the MCRC form (page 4) is printed, you will notice that it has two forms per sheet so be sure to cut them in half and fill one out for each visit.

Once your account is established, make sure your NJDEP Registered vehicles are entered under your account with the Scales Office prior to pulling on the Scales. You will need the NJDEP Card and Vehicle Registration for every vehicle you will use here.

The NJDEP Decal must be permanently affixed to the driver's side of the vehicle. The NJDEP number (which is different form the Decal) must be permanently affixed on the driver's side of the vehicle by the Decal using **3" BOLD DISPLAY LETTERING**, and easily visible for the Weigh-master to see.

The Company Name must be on both side of the vehicle (magnetic signs are permissible FOR Company Names ONLY**)**

MONMOUTH COUNTY RECLAMATION CENTER ESCROW ACCOUNT APPLICATION

The undersigned hereby makes application for solid waste disposal at the Monmouth County Reclamation Center, located in Tinton Falls, off Asbury Avenue. **After completing application, enclose a copy of one NJ DEP Card & Registration Card.**

1. Name of Firm or Governmental Agency _____

Applicant or Person to Contact: _____

Mailing Address: _____

Street Address: _____

Telephone #: _____ Fax #: _____

Email Address (For Monthly Statement Delivery): _____

2. Trade Name, if any, under which business is to be conducted: _____

3. Furnish description of operation: _____

4. Date business started: _____ If incorporated, Date of Incorporation: _____

5. If the applicant is a corporation, give the Corporate Name. _____

6. If the applicant is a proprietorship, give the name, address, and Social Security Number of the proprietor: _____

7. If the applicant is a partnership, give the names, addresses, and Social Security Numbers of partners.

Address of the principal office: _____

Under laws of which state, is company Incorporated? _____

If not incorporated under laws of the State of New Jersey, furnish a copy of authority to do business in New Jersey (attach copy of corporate charter), name and residence of registered or authorized agent in New Jersey (as filed with the New Jersey Secretary of State) upon whom process in any proceeding against applicant or proceedings in any court of this State or in the United States District Court for the District of New Jersey may be served.

8. Name and address of bank used for business: _____

NOTE: ONLY SOLID WASTE GENERATED WITHIN THE COUNTY OF MONMOUTH MAY BE ACCEPTED AT THE MONMOUTH COUNTY RECLAMATION CENTER.

Forward completed application with a check made payable to the "Monmouth County Treasurer", to:

Monmouth County Reclamation Center
ATTN: MCRC Payments
6000 Asbury Avenue
Tinton Falls, NJ 07753

Escrow Amounts are based on Largest capacity of fleet Vehicles	
1-11 Cubic Yards = \$250	Amounts Shown are account
12-29 Cubic Yards = \$500	Minimums to be Maintain
30(+) Cubic Yards = \$1000 (++)	MINIMUMS ARE SUBJECT TO CHANGE

MONMOUTH COUNTY RESERVES THE RIGHT TO DENY ACCESS TO ANY DELINQUENT ACCOUNTS

The applicant agrees to abide by all rules and regulations of the Monmouth County Reclamation Center as promulgated by the Board of Chosen Freeholders.

The undersigned certifies he or she is authorized to sign this application and has carefully examined all statements made in this application and that all such statements are made true and correct to their best of knowledge and belief

Printed Name: _____ Title: _____

Signature: _____ Date: _____

AFFIDAVIT

I, _____ do hereby agree to comply with all the terms and conditions of the "Tariff For Solid Waste Disposal, Monmouth County Reclamation, Applicable in Monmouth County, State of New Jersey", which has been approved by the Public Utilities Commission of the State of New Jersey, dated July 25, 1996 and do hereby agree to pay the Board of Chosen Freeholders of the County of Monmouth for the disposal of said solid waste as indicated in accordance with the prevailing Tariff rates, which rates may be changed from time to time as authorized and approved by the Public Utilities Commission of the State of New Jersey.

Signature of Above Named: _____ Date: _____

(FOR OFFICAL USE ONLY - DO NOT WRITE BELOW THIS LINE – FOR OFFICAL USE ONLY)

**ON BEHALF OF THE BOARD OF CHOSEN FREEHOLDERS
COUNTY OF MONMOUTH**

Account # _____ Escrow Amount: \$ _____

Supervising Weigh-master's Signature: _____ Date: _____

Copy of Vehicle Registration

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	

B. **Source Separated Recyclables** (Please Circle)
 Paper / Corrugated / Glass / Metal / Plastics
 Concrete / Asphalt / Wood Yard Material
 Other : _____

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	

B. **Source Separated Recyclables** (Please Circle)
 Paper / Corrugated / Glass / Metal / Plastics
 Concrete / Asphalt / Wood Yard Material
 Other : _____

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.: _____	
3. Type of Transporter Registration: (Check One) <input type="checkbox"/> A-901 Licensed <input type="checkbox"/> Registered self-generator <input type="checkbox"/> Registration Exempt					
4. Waste Self-Generated: (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. Name of LESSOR if the solid waste vehicle is leased: _____					
6. Decal No.	Type	License Plate No.	Capacity	Leased – Yes or No	7. A. Waste Types (Please circle)
_____	Cab or Single Unit	_____	_____	_____	ID 10 ID 13 ID 13C ID 23
_____	Container	N/A	_____	_____	ID 25 ID 27 ID 27A ID 27I
_____	Trailer	_____	_____	_____	Other: _____
8. Transporter to complete waste origin information.					
Municipality (ies)	County(ies)	State	% of Total Load		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
9. Date Waste Collected: _____					
10. Transporter's Certification: <i>I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.</i>					
PRINT DRIVER'S NAME		SIGNATURE		DATE	

* Sending Facility: (If solid waste is transported from a solid waste intermodal, transfer, or material recovery facility, list the facility name in the Municipality column, ID # in the County column and the State in which the sending facility is located in the State column.)

B. Disposal Destinations

11. Final Disposal Facility Name & State (Transporter Completes 11 & 12): _____	
12. Non Hazardous Manifest # or Bill of Lading # or Pull Ticket #: _____	
13. In State weigh location (Weigh master completes 13 through 16): _____	
14. GROSS WT.: _____	NET WT. (IN STATE DISPOSAL ONLY): _____
15. SCALE TICKET No. (IN STATE DISPOSAL ONLY): _____	
16. Weigh master's Certification: <i>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 LOADS GOING OUT OF STATE.</i>	
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>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 OF AT THIS FACILITY</i>			
Receiving Facility Permit or ID#:	DATE	TIME	OPERATOR'S STAMP OR SIGNATURE
_____	_____	_____	_____

Instructions for completing NJDEP Solid Waste Origin And Disposal Form

1. **Name of Registered Transporter and Phone Number:** The transporter must use the registered trade name of the transporter as identified on the NJDEP Solid Waste Transporter Registration along with the appropriate telephone number (including area code) of the company. Nicknames, aliases and abbreviations are not acceptable.
2. **NJDEP registration No.:** The correct NJDEP Solid Waste Transporter Registration Number must be filled out. This number appears on the registration certificate which must be carried with the vehicle.
3. **Type of Transporter Registration:** The appropriate box must be checked depending on whether the transporter is licensed, is a self generator exempted from licensing requirements, or the vehicle is not subject to NJDEP registration requirements.
4. **Waste Self Generated:** The appropriate box must be checked to disclose whether the waste was self generated by the entity performing the transportation.
5. **Name of LESSOR if the solid waste vehicle is leased:** The name of the lessor as indicated on the lease must be filled in if the vehicle is leased. The lease must be carried in the registered vehicle.
6. **Decal No., Type, License Plate No., Capacity, and Leased:** The decal number must be filled in for the appropriate type of registered equipment (i.e. container, trailer, cab, etc.). The License plate must also be filled in for the appropriate equipment along with the capacity (i.e. 30 cubic yard container). Yes or No must be filled in next to the appropriate type of equipment to indicate if it is leased.
7. **Waste Types and Source Separated Recyclables:** The transporter must indicate the type(s) of waste being transported by circling the appropriate waste types. An example of "other" would be non hazardous bulk liquid (type 72) for example. If a load consists of source separated recyclables the transporter must circle the appropriate material. If the load consists of more than one co-mingled type of recyclable, "co-mingled" must be indicated under the "Other" section along with the approximate percentages (i.e. co-mingled paper 25%, metal 50%, plastics 25%)
8. **Municipality, County State, % of Load:** The transporter must identify the waste origin by municipality, county, and state along with the respective percentage of each waste origin. In the event waste is transported from one solid waste facility to another (for example from a transfer station to a landfill for disposal) the transporter must indicate the sending facility's name in the municipality column, the facility permit # in the County column, and the State in which the sending facility is located in the State column, in addition to the waste origin(s). The percentage of waste sent from a single solid waste facility such as a transfer station should be recorded as 100%.
9. **Date Waste Collected:** The transporter must fill in the actual date the solid waste was collected.
10. **Transporter's Certification:** The driver representing the transporter must print and sign his/her name and date to certify the information in the Transporter Section was completed accurately.
11. **Final Disposal Facility Name & State:** The transporter must fill in the final disposal facility name and State in which the facility is located.
12. **Non Hazardous Manifest # or Bill of Lading # or Pull Ticket #:** The transporter must identify the appropriate manifest or bill of lading number for loads being transported for out of State disposal. The pull ticket number must be recorded for all loads where such a document is generated.
13. **In State weigh location:** The weigh master must complete the location of the weighing facility. For most instances of in State disposal this is the same location as the disposal facility, however in cases involving loads being transported out of State, the weigh location may be designated to be a location other than a disposal facility.
14. **Gross Wt. And Net Wt.:** The weigh master must complete the gross weight for all vehicles transporting waste and recyclables into solid waste facilities within this State. The gross weight must also be completed for all loads destined for out of State waste disposal facilities. The net weight must be recorded for all loads being disposed of in this State.
15. **Scale ticket #.** The weigh master must record the appropriate scale ticket # generated for loads received for disposal within this State.
16. **Weigh master's Certification:** The weigh master must certify the information he or she recorded is accurate.
17. **New Jersey Receiving Facility Operator Certification:** The person responsible for recording information for loads received at New Jersey solid waste facilities must fill in the facility number the date and time and stamp or sign the the form to certify the form was completed by the transporter and that the waste identified by the transporter is permitted to be accepted at the facility for disposal.

Failure to carefully follow these instructions in accurately completing the Solid Waste Origin and Disposal Form can lead to enforcement action including penalties.

Waste Type ID 10 = municipal solid waste

Waste Type ID 13 = bulky solid waste

Waste Type ID 13C = construction & demolition debris

Waste Type ID 23 = vegetative waste

Waste Type ID 25 = animal and food processing waste

Waste Type ID 27 = dry industrial waste

Waste Type ID 27A = asbestos containing waste

Waste Type ID 27I = incinerator ash