

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION-DIVISION OF SOLID AND HAZARDOUS WASTE

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
	Cab or Single Unit		Leased Yes
	Container		No
	Trailer		
8. Transporter to complete waste origin information.		7.A. Waste Types (Please circle)	
Municipality(ies)	County(ies)	State	% of Total Load
	MONMOUTH	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 DRIVER'S NAME		SIGNATURE	
_____		_____	
		DATE	
_____		_____	

B. Disposal Destinations

11. Final Disposal Facility Name & State (Transporter Completes 11 & 12): <u>Monmouth County Reclamation Center - NJ</u>		Weighmaster's Signature: _____ Date: _____
12. Non Hazardous Manifest # or Bill of Lading# or Pull Ticket# (If Applicable): _____		
13. In State Weigh Location (Weighmaster completes 13 through 16): <u>Monmouth County Reclamation Center</u>		
16. Weighmaster'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 loads going out of state.		
14. GROSS WT.: _____	NET WT.: _____	15. SCALE TICKET No.: _____

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 of at this facility		
Receiving Facility Permit or ID#:	DATE	OPERATOR'S STAMP OR SIGNATURE
<u>1336F</u>	_____	_____

KMD - 1 / 03

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION-DIVISION OF SOLID AND HAZARDOUS WASTE

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
	Cab or Single Unit		Leased Yes
	Container		No
	Trailer		
8. Transporter to complete waste origin information.		7.A. Waste Types (Please circle)	
Municipality(ies)	County(ies)	State	% of Total Load
	MONMOUTH	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 DRIVER'S NAME		SIGNATURE	
_____		_____	
		DATE	
_____		_____	

B. Disposal Destinations

11. Final Disposal Facility Name & State (Transporter Completes 11 & 12): <u>Monmouth County Reclamation Center - NJ</u>		Weighmaster's Signature: _____ Date: _____
12. Non Hazardous Manifest # or Bill of Lading# or Pull Ticket# (If Applicable): _____		
13. In State Weigh Location (Weighmaster completes 13 through 16): <u>Monmouth County Reclamation Center</u>		
16. Weighmaster'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 loads going out of state.		
14. GROSS WT.: _____	NET WT.: _____	15. SCALE TICKET No.: _____

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 of at this facility		
Receiving Facility Permit or ID#:	DATE	OPERATOR'S STAMP OR SIGNATURE
<u>1336F</u>	_____	_____

KMD - 1 / 03