

## SOLID WASTE ORIGIN AND DISPOSAL FORM

### A. Transporter Section *(To be completed by the Transporter prior to the disposal site)*

1. Name of Registered Transporter: _____		Phone No: _____		2. NJDEP Registration No.: _____	
3. Type of Transporter Registration: <i>(check one)</i> ___ A-901 Licensed    ___ Registered self-generator    ___ Registration Exempt					
4. Waste Self-Generated: <i>(check one, see certification below)</i> :    ___ Yes    ___ No					
5. Name of LESSOR if the solid waste vehicle is leased: _____					
6. Decal No.	Type	License Plate No.	Capacity	Leased- Yes or No	7A. 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.				* Sending Facility: <i>(If solid waste is transported from a solid waste intermodal, transfer, or materials 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.)</i>	
<u>Municipality (ies)</u>	<u>County(ies)</u>	<u>State</u>	<u>% of Total Load</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
				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	

### 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 13-16): _____	
14. GROSS WT.: _____	NET WT.: <i>(In State Disposal Only)</i> : _____
15. SCALE TICKET No. <i>(In State Disposal Only)</i> : _____	
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 _____		