FOR HOMEOWNERS
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 the disposal site)

1. Name of Registered Transporter: ____________________________ 2. NJDEP Registration
   No.: ____________________________ 3. Type of Transporter Registration: (Check One) Y A-901 Licensed Y Registered self-generator Y Registration Exempt
   4. Waste Self-Generated: (Check One): Y Yes Y No 5. Name of LESSOR if the solid waste vehicle is leased:

   6. Decal No. __________ Type Cab or single unit __________
      License Plate No. __________ Capacity __________ Leased- Yes or No __________
      Container __________ N/A __________
      Trailer __________ __________

   7A. Waste Types (Please Circle)
      ID 10 ID 13 ID 13C ID 23
      ID 25 ID 27 ID 27A ID 271
      Other: __________

   8. Transporter to complete waste origin information.
      Municipality (ies) County (ies) State % of Total Load

      __________ __________ __________ __________
      __________ __________ __________ __________
      __________ __________ __________ __________
      __________ __________ __________ __________
      __________ __________ __________ __________
      __________ __________ __________ __________
      *Sending Facility: 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.

   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):

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.: __________ (IN STATE DISPOSAL ONLY): __________ 15. SCALE TICKET No. (in state 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 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 OF AT THIS FACILITY.

   Receiving Facility Permit or ID #: ____________________________ Date: ____________________________ Time: ____________________________

   OPERATOR’S STAMP OR SIGNATURE ____________________________

Dear Transfer Station Customer:

In accordance with New Jersey Department of Environmental Protection ("NJDEP") regulations, solid waste cannot be hauled and
disposed of at the Morris County Municipal Utilities Authority’s transfer stations unless the hauler has an NJDEP solid waste hauling
permit. An exemption to this permit requirement is if you are hauling waste generated from your own residence. As such, in
order to dispose of waste at this transfer station without an NJDEP permit you are required to complete the form below and sign the
following certification stating the waste you are hauling was generated at your place of residence.

We thank you for your cooperation and apologize for this State of New Jersey imposed restriction.

Transfer Station (please check one): Mt. Olive _____ Parsippany-Troy Hills _____

Date: ____________________________

Customer Name: ____________________________

Customer Address: ____________________________ State: ________ Zip: ________

City: ____________________________

I certify that the solid waste being delivered to the Morris County transfer station was generated from my place of residence.

Signature: ____________________________