

**Department of Environmental Protection**

CER01 - APPLICATION FOR BANKING AND/OR VERIFYING CREDITABLE EMISSION REDUCTIONS

Return to: NJDEP, 401 E. State Street, 2nd floor, P.O. Box 420, Mail Code 401-02, Trenton, NJ 08625-0420

For assistance call (609) 633-8222

|  |  |  |
| --- | --- | --- |
| 1. Full Business Name | |  |
| 2. Mailing Address |  | |

no. street city state zip code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. Division and/or Facility Name | |  | Program Interest (PI) |  |
| 4. Facility Location |  | | | |

no. street city state zip code

|  |  |  |  |
| --- | --- | --- | --- |
| 5. County |  | 6. Nature of Business |  |

# **Data for Creditable Emission Reductions (CERs) -** please check one

7. Reason for Application: **New Application** **Verification Application** (cers already banked)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For Banking of CERs  ($400/Source Operation) | | | check  here |  | Verification for Banking Log No. BK  ($200/Source Operation) | check  here |
| 8. Source Operation |  | | | | | |
| 9. NJ Permit No. / BOP or PCP Activity No. | |  | | | | |

10. Criteria Pollutant(s) and Tons Per Year to be Banked or Verified (already banked)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pollutant(s): | VOC | NOx | CO | | SO2 | TSP | PM10 | PM2.5 | Lead |
| Tons/Year: |  |  |  | |  |  |  |  |  |
| 11. Type of Reduction (see 7:27-18.5(b)) | | |  | | | | | | |
| 12. Date this Emission Reduction Occurred | | | |  | | | | | |

ON ATTACHMENTS, PROVIDE ALL INFORMATION REQUIRED IN N.J.A.C. 7:27-18.8(a). IN ADDITION, SHOW HOW TONS PER YEAR WERE DETERMINED FOR BOTH ACTUAL AND ALLOWABLE EMISSIONS AND COMPLIANCE WITH RACT. PROVIDE A SUMMARY REPORT WHEN STACK TEST DATA IS USED. NOTE THAT APPLICATIONS CANNOT BE PROCESSED WITHOUT THIS INFORMATION AND UNLESS THE PROPER FEE IS SUBMITTED.

the information contained in this application and attachments is, to the best of my knowledge, accurate, complete and in accordance with n.j.a.c. 7:27-1.39 (certification of information) and n.j.a.c. 7:27-18 et. seq. (emission offset rule).

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| facility contact’s signature | name (print or type) | date | telephone | email |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| responsible official’s signature (N.J.A.C.7:27-1.4) | name (print or type) | date | telephone | email  (optional) |

-------------------------------------------------------------------------NJDEP USE ONLY – DO NOT WRITE BELOW THIS LINE------------------------------------------------------------------------

|  |  |  |
| --- | --- | --- |
|  |  |  |
| date reductions verified by permitting | regional office verification date (may attach email) | fee submitted (amount) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | BK # | T # |  |
| record number | log book number | transfer number | approved - supervisor’s signatures / date |

-------------obtain from banking database administrator------------------