

**Department of Environmental Protection**

CER03 - JOINT REQUEST FOR TRANSFER OF CREDITABLE EMISSION REDUCTIONS (CERS)

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

applicant must note that cers transfer is a two-step process. step 1: submit form cer02 “identification of creditable emission reductions for transfer” to identify cers available for transfer. the department will review the application, verify the amounts of cers currently banked, and notify the applicant to submit a joint request for transfer. step 2: applicants must submit this joint request for transfer, along with the appropriate fee (see below). the department will then review the joint request for transfer and issue a letter confirming the transfer.

N.J.A.C. 7:27-18.8(j) banking fees table, requires a fee of $200 per source operation for the “withdrawal of credits” and $50 per source operation for the “transfer of facility ownership”. fees are required with this joint transfer request.

**Summary of cers to be transferred (totals)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pollutant(s): | VOC | NOx | CO | SO2 | TSP | PM10 | PM2.5 | Lead |
| Tons/Year: |  |  |  |  |  |  |  |  |

Transfer of Facility Ownership

|  |  |  |
| --- | --- | --- |
| Transfer of facility ownership (N.J.A.C. 7:27-18.8(j)) also includes transfer of the seller's cers to the buyer and that ownership of the above referenced banking log numbers be changed to the buyer's name. | yes | no |

**Transfer from (seller’s information)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Program Interest (PI) | |  | 2. Facility Name |  |
| 3. Facility Location |  | | | |

no. street city state zip code

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| responsible official signature | responsible official name | date | telephone |

|  |
| --- |
| Notary and seal |

**Transfer to (buyer’s information)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Program Interest (PI) | |  | 2. Facility Name |  |
| 3. Facility Location |  | | | |

no. street city state zip code

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| responsible official signature | responsible official name | date | telephone |

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| Notary and seal |