



# New Jersey Department of Environmental Protection Toxic Catastrophe Prevention Act (TCPA) Program



## TCPA IDENTIFICATION NUMBER REQUEST FORM

This form is for a new TCPA registrant facility that has never obtained a TCPA Identification Number (TCPA ID#). You must obtain a TCPA ID# for your facility before you can submit a Risk Management Plan (RMP) to register your facility through the Department's online eNJRMP application.

### **Section A: Facility Information**

Facility Legal Name: \_\_\_\_\_

FEIN (Federal Employer Identification Number): \_\_\_\_\_

NAICS (North American Industry Classification System Code): \_\_\_\_\_

Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: New Jersey Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

### **Section B: Contact Person Information and Certification** (Note: You must be an employee of the above facility.)

Name of Person Requesting TCPA ID#: \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Phone: \_\_\_\_\_

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am authorized on behalf of the facility's management to request a TCPA Identification Number for the facility. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Signature

Date

Return to: Attn: TCPA ID# Request  
New Jersey Department of Environmental Protection  
Bureau of Release Prevention  
Mail Code 22-03D, PO Box 420  
Trenton, NJ 08625-0420

**Do Not Write Below This Line – For DEP Use Only**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
Name Title

TCPA ID#: \_\_\_\_\_ Date: \_\_\_\_\_