

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



RISK MANAGEMENT PROGRAM DE-REGISTRATION FORM

Today's Date:		
TCPA ID Number:		
De-Registration Effective Date:		
Facility Name:		
Facility Address:		
Address Line 2:		
City:	State: New Jersey	Zip Code:
(Name of Facility Qualified Person) is no longer covered by the Toxic Catastroph I certify under penalty of law that I have pers this document and all attachments and that, b obtaining the information, I believe that the in	gulated substances below ed substance	ity as of the above effective date rules, N.J.A.C. 7:31. Familiar with the information submitted in se individuals immediately responsible force, and complete. I am aware that there are
significant civil and criminal penalties, include false, inaccurate or incomplete information.	ling the possibility of fine	s or imprisonment or both, for submitting
Signature of Qualified Person	_	Date
Official Title	_	

Please mail the completed de-registration form promptly to:

Attention: TCPA RMP De-registration New Jersey Department of Environmental Protection Bureau of Release Prevention PO Box 420, Mail Code 22-03D Trenton, NJ 08625-0420

If you prefer to send your de-registration form by certified mail, courier or overnight mail (e.g., Fed Ex, UPS, etc.), please address it to:

Attention: RMP De-registration New Jersey Department of Environmental Protection Bureau of Release Prevention 401 East State Street, 4th Floor Trenton, NJ 08625