



New Jersey Department of Environmental Protection
 Site Remediation and Waste Management Program

**AUTHORIZATION TO SUBMIT A REPORT / FORM THROUGH
 NJDEP ONLINE**

Date Stamp
 (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____
 Street Address: _____
 Municipality: _____ (Township, Borough or City)
 County: _____ Zip Code: _____
 Program Interest (PI) Number(s): _____

SECTION B. STATEMENT OF AUTHORIZATION TO SUBMIT A REPORT / FORM

I authorize the Licensed Site Remediation Professional, retained for this site pursuant to the Brownfield and Contaminated Site Remediation Act at N.J.S.A. 58:10B-1.3b, and named below to submit the report/form listed below for the Program Interest Number noted above. I understand that I am assuming full responsibility that the information provided in the remedial phase report is true, accurate, and complete.

Type of Report / Form submitted: (check one box only)

PA PA/SI SI RI RAW RAR RAO

Name and Date of Report: _____

Public Notice Form

Authorized Licensed Site Remediation Professional (LSRP)

First Name: _____ Last Name: _____

LSRP License #: _____

SECTION C. CERTIFICATION BY THE PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Full Name of Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Telephone Number: _____ Ext.: _____ Fax: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this Authorization and Report in accordance with the Administrative Requirements for the Remediation of Contaminated Sites at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____