

# FACILITY ADMINISTRATION REQUEST FORM

Prior to submission of this form you must create a User Profile for the NJDEP-Online Portal at [www.njdeponline.com](http://www.njdeponline.com). Please specify the User ID below.

## Section A: Facility Information

Facility IDs (enter one or more and specify DEP Program)  
(i.e. Air, UST-SRP, eCRTK, DMR, etc.)

Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: New Jersey Zip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

## Section B: Facility Administrator Information and Certification (Note: You must be an employee of the above facility)

Name of Person Requesting PIN Code: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_  
Phone: \_\_\_\_\_ User ID (previously specified in User Profile): \_\_\_\_\_

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. 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

## Section C: Responsible Official Certification

A Responsible Official is defined in N.J.A.C. 7:27-1.4 is as follows:

- For a corporation: A president, secretary, treasurer, or vice-president of the corporation; any other person who performs similar policy or decision making functions for the corporation; or a duly authorized representative responsible for the overall operation of a facility (plant manager, etc.)
- For a partnership: A general partner.
- For a sole proprietorship: The proprietor
- For a government agency: Either a principal executive officer or ranking elected official.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. 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."

\_\_\_\_\_  
Responsible Official Name Title Responsible Official Signature Date Phone

Return to: NJDEP – OIRM  
Mail Code: 401-01  
PO Box 420  
Trenton, NJ 08625-0420  
Attn: NJDEPOnline Facility Administrator

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

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)