



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDATION FUNDING SOURCE SELF GUARANTEE APPLICATION

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):
Case Tracking Number:

SECTION B. OVERSIGHT DOCUMENT/AUTHORITY

1. Indicate the type(s) of Oversight Document/Authority in effect and provide the date the Oversight Document/Authority became effective and the name of the entity that entered into the oversight document (check all that apply)

- ACO
Remediation Agreement (RA)
Remediation Certification
ISRA RAWP
Directive
Order
Court Order
ACO Amendment
RA Amendment

SECTION C. SELF-GUARANTEE APPLICANT / PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION

Name of Organization:
First Name of Contact: Last Name of Contact:
Title:
Phone Number: Ext.: Fax:
Mailing Address:
Municipality: State: Zip Code:
Email Address:

- 1. Are you claiming to be a special purpose entity created specifically for the purpose of acquiring and redeveloping a contaminated site for which a statement of income and expenses are not available?
2. Does the person responsible for conducting the remediation produce its own audited financial statements?
If "No," does a Parent Company produce the audited financial statements?
If a Parent Company does produce the audited financial statements complete the Parent Company section below.

PARENT COMPANY INFORMATION (If Applicable)

Name of Organization: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION D. ESTIMATED COST OF REMEDIATION

1. Current estimated cost of remediation: \$ _____
2. Estimated cost of remediation for the next 12-month period: \$ _____

SECTION E. REMEDIATION FUNDING SOURCE (RFS) AMOUNT

Total amount of RFS to be established: \$ _____

SECTION F. FINANCIAL DOCUMENTATION

1. Does the required remediation funding source amount exceed one-third of the applicant's tangible net worth? Yes No
Self Guarantor's Net Worth (pg(s). _____) \$ _____
Self Guarantor's Intangible Assets (pg(s). _____) \$ _____
Self Guarantor's Tangible Net Worth (Net Worth minus Intangible Assets) \$ _____
One-third of Tangible Net Worth Listed Above \$ _____
2. Is cash flow sufficient to assure the availability of sufficient monies for the remediation? Yes No
Self Guarantor's NET Cash provided by (used in) operating activities (pg(s). _____)..... \$ _____
3. Do the gross receipts (revenues) exceed gross payments (expenses) in an amount at least equal to or greater than the estimated cost of remediation to be performed in the next 12-month period? Yes No
Gross Receipts (revenues) (pg(s). _____) \$ _____
Gross Payments (pg(s). _____) \$ _____
Gross Receipts less Gross Payments..... \$ _____

Chief Financial Officer or Similar Officer Certification

I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 as they pertain to remediation funding sources. Specifically, I am aware of the responsibilities to establish and maintain the remediation funding source. Additionally, I acknowledge that the remediation funding source as required by N.J.A.C. 7:26C-5 shall be maintained in the appropriate amount and form until such time as an alternative remediation funding source is submitted to the Department and it has been approved by the Department in writing or the Department determines that it is no longer necessary to maintain a remediation funding source. 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 that 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 all resulting penalties.

Date: _____ By: _____
Signature

Print Full Name Signed Above

Title

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CERTIFICATION

I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 as they pertain to remediation funding sources. Specifically, I am aware of the responsibilities to establish and maintain the remediation funding source. Additionally, I acknowledge that the remediation funding source as required by N.J.A.C. 7:26C-5 shall be maintained in the appropriate amount and form until such time as an alternative remediation funding source is submitted to the Department and it has been approved by the Department in writing or the Department determines that it is no longer necessary to maintain a remediation funding source. 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 that 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 all resulting penalties.

Date: _____

By: _____
Signature

Print Full Name Signed Above

Title

Completed forms should be sent to:

Bureau of Case Assignment and Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420