



**REGISTRATION FORM FOR A
 SOLID WASTE MANAGEMENT FACILITY**

Please read and follow all instructions before
 completing this registration form

DEC REGISTRATION # _____

DEC ADMINISTRATION # _____

DATE RECEIVED ____/____/____

PLEASE TYPE OR PRINT CLEARLY

THIS IS NOT AN UPA PERMIT

1. FACILITY NAME AND LOCATION		2. FACILITY OWNER'S NAME	
Street _____		Mailing Address _____	
City/Village _____		City/Town/Village _____	
Town _____	County _____	State/Zip Code _____	
Telephone Number () _____		Telephone Number () _____	
3. FACILITY OPERATOR'S NAME (if different)		4. SITE OWNER'S NAME (if different)	
Mailing Address _____		Mailing Address _____	
City/Town/Village _____		City/Town/Village _____	
State/Zip Code _____		State/Zip Code _____	
Telephone Number () _____		Telephone Number () _____	
5. TYPE OF FACILITY REGISTRATION (check all applicable) <input type="checkbox"/> Energy Recovery Incinerators or Pyrolysis Units [360-3.1(c)] <input type="checkbox"/> Land Clearing Debris Landfills three acres or less [360-7.2(a)] <input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of household solid waste annually [360-11.1(b)(1)] <input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of containerized solid waste annually [360-11.1(b)(2)] <input type="checkbox"/> Source Separated, Nonputrescible Solid Waste Recyclables Handling and Recovery Facilities [360-12.1(d)] <input type="checkbox"/> Waste Tire Retreaders [360-13.1(d)(1)(i)]		<input type="checkbox"/> Waste Tire Stored for On-site Energy Recovery [360-13.1(d)(1)(ii)] <input type="checkbox"/> Tire Dealers Selling Waste Tires [360-13.1(d)(1)(iii)] <input type="checkbox"/> Tire Manufacturing Facilities [360-13.1(d)(1)(iv)] <input type="checkbox"/> Processing Facilities Receiving Only Recognizable Uncontaminated Concrete, Asphalt Pavement, Brick, Soil or Rock [360-16.1(d)(1)(i)] <input type="checkbox"/> Uncontaminated Unadulterated Wood Processing Facilities [360-16.1(d)(1)(ii)] <input type="checkbox"/> Other Facilities not specifically described above, specify type _____	
6. SOLID WASTE HANDLED		7. OPERATIONS SCHEDULE - Normal schedule of operation _____	
a. List wastes and/or materials to be accepted _____ _____ _____		8. NAME(S) OF ALL MUNICIPALITIES SERVED _____ _____ _____	
b. Quantity (specify Units - see instructions) design capacity _____ storage on site _____			
9. CERTIFICATION: I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority as _____ (title) of _____ (Entity) to sign this registration form pursuant to 6 NYCRR Part 360. By signing this registration form I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.			
Printed/Typed Name _____		Signature _____	
		Mb. Day Year 	

Instructions for Completion of a
REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

GENERAL

This registration form is prescribed by the New York State Department of Environmental Conservation (DEC) for solid waste management facilities pursuant to the requirements of 6 NYCRR Part 360. Make every effort to enter the information requested in the spaces provided on this form, but **attach additional sheets where space prohibits full and complete answers.** For the purposes of this form, the term "facility" shall mean "solid waste management facility."

The owner or operator must sign this registration form and must submit the completed registration form to the Regional Solid & Hazardous Materials Engineer for the DEC region in which the facility is located or is proposed to be located. This form must be submitted at least 30 days prior to undertaking the activity proposed for registration.

ITEM NUMBER

1. Enter the name and address of the facility. Attach a United States Geological Survey Topographic Map, or a commercially available map of similar scale showing the exact location of the facility.
2. Identify the entity or person who owns the facility.
3. Identify the entity or person responsible for the overall management and operation of the facility.
4. Identify the entity or person who owns the site on which the facility is situated, or who will own the site on which the proposed facility will be situated, if different than the current facility owner.
5. Check all the appropriate boxes that describe the facility that is the subject of this registration.
6.
 - a. Enter the specific types of wastes to be accepted at the facility.
 - b. Facility design and storage capacities shall be indicated in units appropriate to the type of Registration Facility (i.e., tire manufacturing facilities to indicate number of waste tires).
7. Indicate the normal schedule of facility operation (i.e., Monday - Saturday, 9:00 a.m. to 5:00 p.m., closed Sunday).
8. Enter the name of all municipalities (counties, cities, towns and/or villages) in the existing and/or proposed service area of the facility.
9. The certification block must be completed by the registrant.
10. Registrant retain Copy #4 and submit remaining copies to appropriate Regional Solid & Hazardous Materials Engineer.

REGIONAL SOLID & HAZARDOUS MATERIALS ENGINEERS
NAMES AND ADDRESSES

Regional Solid & Hazardous Materials Engineer NYSDEC - Region 1 SUNY Campus Loop Road, Building 40 Stony Brook, NY 11790-2356 (631) 444-0375	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 2 1 Hunters Point Plaza 47-40 21st Street Long Island City, NY 11101-5407 (718) 482-4996	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 3 21 South Putt Corners Road New Paltz, NY 12561-1695 (845) 256-3137
Regional Solid & Hazardous Materials Engineer NYSDEC - Region 4 1150 North Westcott Road Schenectady, NY 12306-2014 (518) 357-2346	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 5 Route 86 - P.O. Box 296 Ray Brook, NY 12977-0296 (518) 897-1241	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 6 State Office Building 317 Washington Street Watertown, NY 13601-3787 (315) 785-2513
Regional Solid & Hazardous Materials Engineer NYSDEC - Region 7 615 Erie Blvd. West Syracuse, NY 13204-2400 (315) 426-7419	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 8 6274 East Avon-Lima Road Avon, NY 14414-9519 (716) 226-2466	Regional Solid & Hazardous Materials Engineer NYSDEC - Region 9 270 Michigan Avenue Buffalo, NY 14203-2999 (716) 851-7220