



DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

## TRANSITION REGISTRATION APPLICATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

This transition registration application form can be used by owners or operators of existing solid waste management facilities that are applying for a registration under the revised Part 360 that went into effect on November 4, 2017. Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facilities must remain in compliance with the requirements of their existing registration until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. FACILITY INFORMATION			
Facility Name		Facility Address	
City/Town		Zip Code	Phone
DEC Region			
NYTM – E Coordinate	NYTM N Coordinate	DEC Activity Number (for renewal or modification only)	
2. FACILITY OWNER			
Owner Name		Owner Address	
City/Town/State/Zip Code		Owner Phone	Owner Email
3. FACILITY OPERATOR			
Operator Name		Operator Address	
<input type="checkbox"/> same as facility owner			
City/Town/State/Zip Code		Operator Phone	Operator Email
4. SITE OWNER			
Site Owner Name		Site Owner Address	
<input type="checkbox"/> same as facility owner			
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email
5. PREFERRED CONTACT			
<input type="checkbox"/> Facility Owner		<input type="checkbox"/> Site Owner	
<input type="checkbox"/> Facility Operator		<input type="checkbox"/> Other (provide): _____	
6. FACILITY OPERATING DAYS/HOURS			
7. SERVICE AREA			
8. SOLID WASTE RECEIVED			
Material	Maximum Throughput		
	Quantity	Units	Frequency (day/week/month/year)
1.			
2.			
3.			
4.			
9. MATERIAL STORAGE & TOTAL STORAGE CAPACITY			

<b>10. REGISTRATION TYPE * Indicates Addendum required – see instructions for additional details</b>	
<b>Facility Type (check all applicable)</b>	
<input type="checkbox"/> Recyclables Handling and Recovery ≤ 5 tons/day [361 1.3(a)(1)]	<input type="checkbox"/> Anaerobic Digestion [361 3.3(b)(1)] *
<input type="checkbox"/> Recyclables Handling and Recovery > 5 tons/day [361 1.3(a)(2)]	<input type="checkbox"/> Fermentation for Source separated Organics [361 3.4(b)(1)] *
<input type="checkbox"/> Land Application and Associated Storage – Storage of Recognizable Food Processing Waste [361 2.3(a)] *	<input type="checkbox"/> Animal Feed Production [361 3.5(b)(1)] *
<input type="checkbox"/> Land Application and Associated Storage – Storage of Manure [361 2.3(b)] *	<input type="checkbox"/> Other Organics Recycling [361 3.6(b)(1)] *
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Unrecognizable Food Processing Waste or Papermill Residuals [361 2.3(c)] *	<input type="checkbox"/> Mulch Processing [361 4.3] *
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Septage [361 2.3(d)] *	<input type="checkbox"/> Waste Tire Collection and Storage [361 6.3(a)(1)]
<input type="checkbox"/> Land Application and Associated Storage – Storage of Septage [361 2.3(e)] *	<input type="checkbox"/> Waste Tire Sellers [361 6.3(a)(2)]
<input type="checkbox"/> Composting – Yard Trimmings [361 3.2(b)(1)] *	<input type="checkbox"/> Waste Tire Retreaders [361 6.3(a)(3)]
<input type="checkbox"/> Composting – Source separated Organics [361 3.2(b)(2)] *	<input type="checkbox"/> Transfer Facility [362 3.3]
<input type="checkbox"/> Composting – Road killed Animals or Routine Animal Mortalities [361 3.2(b)(3)] *	<input type="checkbox"/> Landfill Reclamation [363 11.2]
<input type="checkbox"/> Composting – Digestate [361 3.2(b)(4)] *	
<b>11. CERTIFICATION</b>	
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, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. 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
	Date

## REGIONAL OFFICES

**Please send all applications to the attention of the NYSDEC Regional Materials Management Engineer.**

DEC Region	Address	Phone	Counties Served
1	SUNY Stony Brook 50 Circle Road Stony Brook, NY 11790	(631) 444 0375	Nassau, Suffolk
2	1 Hunters Point Plaza 47 40 21 <sup>st</sup> Street Long Island City, NY 11101	(718) 482 4896	Bronx, Kings, New York, Queens, Richmond
3	21 South Putt Corners Road New Paltz, NY 12561	(845) 256 3000	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
4	1130 North Westcott Road Schenectady, NY 12306	(518) 357 2243	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie
5	232 Golf Course Road Warrensburg, NY 12885	(518) 623 1233	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington
6	317 Washington Street Watertown, NY 13601	(315) 785 2513	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence
7	615 Erie Boulevard West Syracuse, NY 13204	(315) 426 7535	Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins
8	6274 East Avon Lima Road Avon, NY 14414	(585) 226 5408	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates
9	270 Michigan Avenue Buffalo, NY 14203 2999	(716) 851 7220	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming

# 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 (Department) for solid waste management facilities pursuant to the conditions specified in 6 NYCRR Part 360.15 and the requirements of 6 NYCRR Parts 360, 361, 362, and 363. This form serves as notification to the Department of the intention to operate a registered solid waste management facility. The registration applicant and holder must be the facility owner or facility operator. This is not a Uniform Procedures Act (UPA) Permit. The owner or operator of the facility required to be registered must comply with the design, operating, closure, and financial assurance criteria detailed in the regulations. Please complete this form entirely, as well as any applicable addenda or attachments, **attaching additional sheets as necessary**.

Completed applications must be submitted to the Regional Materials Management Engineer in the Regional Office corresponding to the DEC region in which the facility is or is proposed to be located. As part of the application process, Department staff may inspect the proposed site. During such inspections, staff may take measurements, photographs, videos, and make written documentation.

## CHECKLIST

Applications for solid waste management facility registration must include the items listed below:

- Completed registration application form
- Completed addenda to this form, if required (as noted in item 10)
- Site plan. Use the Site Plan Attachment to sketch a rough site plan of the facility, indicating facility entrance and exit and all structures, processing equipment, and storage areas, in the box provided. Alternatively, attach a drawing or overhead photo of the site, indicating facility entrance and exit and all structures, processing equipment, and storage areas, to the application.
- List all exempt activities taking place at the site of the registered solid waste management facility, as per 360.15(c)(1).
- Certificate Under Seal of the Department of State for applications submitted by a corporation or a limited liability company as required in 360.15(c)(3), if applicable.
- Closure cost estimate may be required by regulation or the Department. This must include the cost to remove all anticipated waste from the site. Financial assurance may be required prior to receiving a validated registration (specified in [6 NYCRR Section 360.22](#)).
- Any additional attachments as required in 6 NYCRR Parts 360, 361, 362, and 363

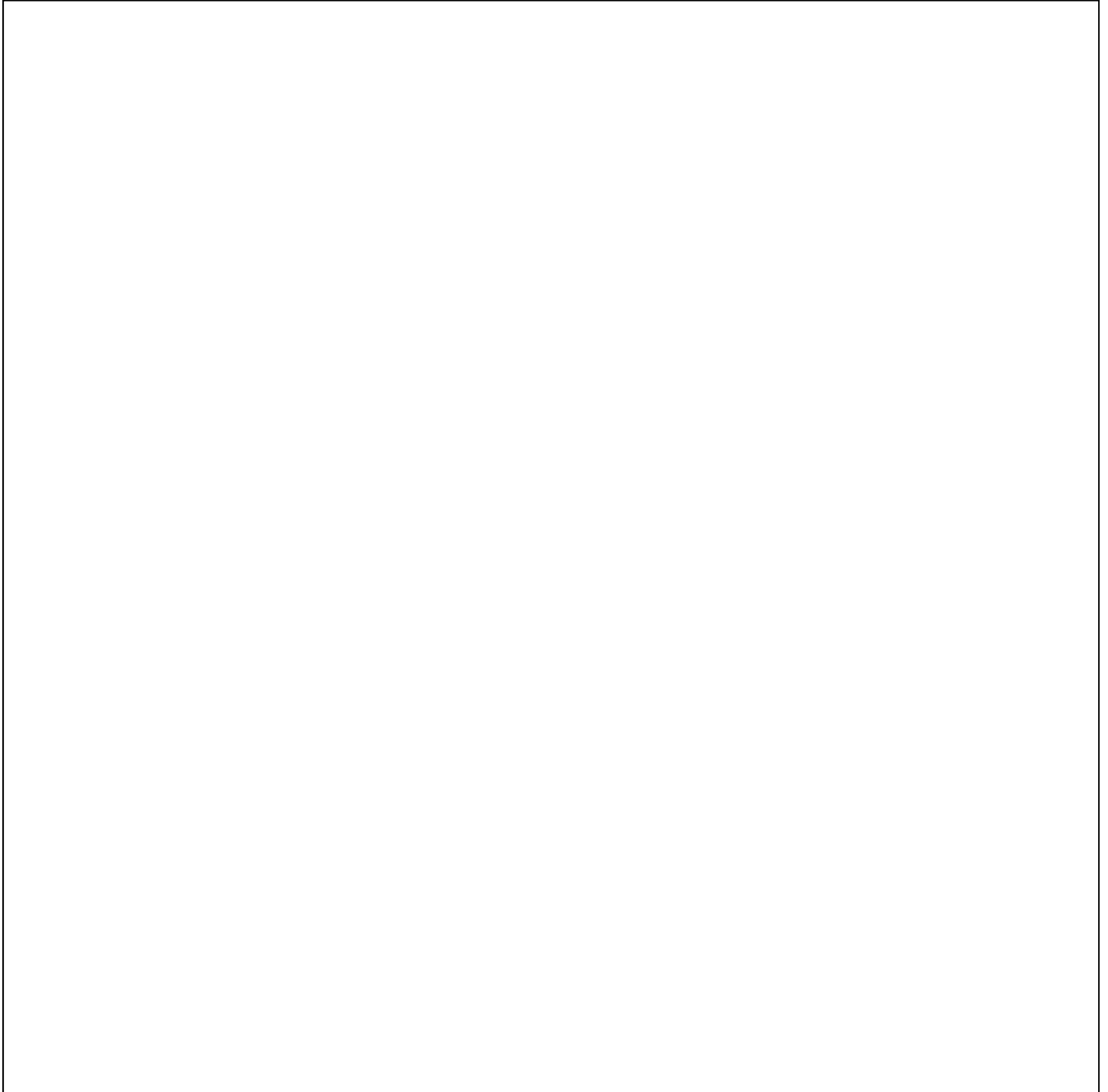
## INSTRUCTIONS BY ITEM NUMBER

1. Identify the name, address, coordinates and [DEC region](#) for the proposed facility.
2. Identify the entity or person that 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 will be located, or who will own the site during the facility's operation, if different than the current facility owner.
5. Check applicable box.
6. Describe the facility's days/hours of operation.
7. List all municipalities (i.e., counties, cities, towns, villages) or [planning units](#) in the existing and/or proposed service area of the proposed facility. Also, list all states in the existing or proposed service area if waste is coming from outside of NYS.
8. List all wastes and/or materials to be accepted by the facility. Enter the maximum throughput (i.e., incoming quantity) of each material.
  - Use units and an acceptance frequency appropriate to the waste material being handled (e.g., number of tires per year for waste tires managed, tons per day for C&D debris, cubic yards per year for yard trimmings, gallons per year for used oil, etc.).
9. Describe all on site storage for solid waste(s) handled and list the total capacity that is available. For certain facilities, description of on site storage of source separated or processed material is also required.
10. Check all applicable boxes that describe the facility that is the subject of this registration.
  - Note: For each registration type that requires an additional addendum, please complete the addendum and attach to this application. Facility specific addenda can be found on the Department website: <http://www.dec.ny.gov/chemical/52706.html>
11. Certification must be completed by the registration holder (facility owner or facility operator).  
Note: Retain a copy of this form and all applicable attachments. Submit form(s) to the appropriate [Regional Materials Management Engineer](#).

## Site Plan Attachment

Facility owners or operators can use the box below to illustrate the facility's site plan. The site plan must include, but is not limited to the following information:

- Location(s) of facility entrance and exit
- Storage areas for all waste materials (and for processed materials when required) declared as part of the registration application;
- Location(s) of all processing equipment; and
- Location(s) of all structures.

A large, empty rectangular box with a thin black border, intended for the facility owner or operator to draw and illustrate the site plan. The box is currently blank.