



## DEP GreenPort Authorization Application Residual Waste Generators Biennial Report

### Applicant Information

The Department must be notified of all changes to Name, Mailing Address, Contact Person and Phone Number. The Contact Person must be the name of a person representing the organization, must be an employee of the organization and may receive correspondence on behalf of the organization. This person will be the authorized user of the DEP GreenPort system.

EPA ID Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If the designated contact person already has an active GreenPort account with any other program area within DEP, please provide their current user name below:**

\_\_\_\_\_  
Signature of Contact Person: \_\_\_\_\_ Date Signed: \_\_\_\_\_

DEP will notify your company upon approval of this application. A user name and password will be assigned at that time.

For Department Use Only	Date Received	Effective Date
Approved _____ Denied _____	User Name	Password