DIVISION OF WASTE MANAGEMENT
APPLICATION FOR TAX CERTIFICATION & EXEMPTION

For DWM Use: TCN:

Solid Waste Recycling or Resource Recovery Facility or Equipment TC-WM Rev. 07/2010

DIRECTIONS: Complete and mail to: North Carolina Department of Environment and Natural Resources, Division of Waste Management, Solid Waste Section, Attn: Compliance Officer, 1646 Mail Service Center, Raleigh, NC 27699-1646. Please provide a copy of your completed application to the county tax office in which the facility and/or equipment is located. Type or print in blue or black ink. A separate application is required for each facility where property proposed for tax certification is located. You must submit two (2) copies of the completed application and any other supplemental enclosure.
INSTRUCTIONS FOR LEASED PROPERTY: Submit separate applications for leased and non-leased property located at the same address. An application for leased property shall specify the name, address, and telephone number of the lessor. Attach a copy of the Lease Agreement to the application.
THIS APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLETE INFORMATION. If you have any questions regarding this application, please call the Compliance Officer at (919) 707-8200.
Please Note: **You must also contact your county tax assessor for county application requirements.**

A. Applicant (Applicant is the individual person(s) or legal entity, which is the owner of, and taxpayer for, the property described in this application for tax certification.)

Name of Applicant:

Email address:

Address of Applicant, if different from facility where property located:

(address) (city) (zip)

Business Relationship of Applicant to facility where property located (e.g. owner, parent company):

Does the Applicant hold any NC Department of Environment and Natural Resources Permits?
☐ Yes / ☐ No

Name of Facility where property located:

Physical Address of Facility where property located (no P.O. Box):

(street address) (city) (zip)

County where property located:

Name of Contact Person at Facility where property located (person to contact for inspection appointment):

Title: Phone Number:

If yes, please list:

Is this the first Tax Certification for this Facility? ☐ Yes / ☐ No If no, list all dates of previous tax certification:

B. Complete this Section only if the Operator/User of the facility and/ or equipment is different from the Owner of the facility and/ or equipment.

Name of Operator/User:

Operator/User Address:
(address) (city) (zip)

Operator/User Contact Name:

Relationship between Operator/User of facility and equipment and Applicant:

C. Description of User Operations

Describe main business and recycling/resource recovery activities:

What Material is recycled/recovered?

Describe the source of the material:

What is the material recycled into?

Was the material ever discarded? ☐ Yes / ☐ No

D. PROCESS SCHEMATIC: Please attach a process schematic to your application on a separate paper. This should be a flow-diagram of the process with all major steps involved that change the material from solid waste to recycled material. (APPLICATIONS WILL NOT BE ACCEPTED WITHOUT AN ATTACHED PROCESS SCHEMATIC.)

EQUIPMENT: Equipment must be used exclusively and integrally in the recycling or resource recovery process. (15A NCAC 13B .1505) → NOTE: To ensure more efficient inspection please make sure that all equipment is clearly labeled with Asset or Identification Number prior to inspection. Attached spreadsheets must use template available on web.

For DWM Use Only:	Description of Equipment: Item Name/Manufacturer/Model #	Serial Number, Vehicle Identification Number (VIN), or Asset Number	In what way is this piece of equipment used for recycling or resource recovery?	% of time item is used to recycle or recovery	Year of Acquisition	Original Historical Cost*
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TC-WM Rev. 7/2010

FACILITY: Only buildings or parts of buildings used exclusively and integrally in recycling or resource recovery, not including incidental or supportive facilities. (15A NCAC 13B .1503a & .1506a). Only list buildings for which certification is currently being sought.

Drawings are required, in duplicate, of any facilities. Drawings should include the square footage, the general layout of activity areas and the location of the above equipment if applicable.

Description of Facility	Square Footage	Recycling or Resource Recovery Activities Conducted in Facility

LAND: Only land under buildings or equipment used exclusively in recycling and resource recovery qualifies. (15A NCAC 13B .1503a). Only list land for which certification is currently being sought.

Please state the acreage that is used for recycling or resource recovery and describe specifically how the land is used. Include a map, in duplicate, showing the location of the recycling/resource recovery area.

SIGNATURE:

I hereby certify that the above equipment, facilities and/or land are used for the purpose stated, and that the information presented in this application is accurate. Furthermore, I certify that any portable or mobile equipment listed on this application will be used exclusively in the state of North Carolina.

Applicant Signature: _____ Date: _____ Print Name, Title and Company: _____

I hereby certify that the property listed herein and the facility where said property is located are in compliance with all local, state and federal laws and rules for the protection of the environment and are in compliance with the conditions of any permit issued to the facility by the Department of Environment and Natural Resources, any permit issued under Section 404 of the Federal Water Pollution Control Act (33 U.S. Code Section 1344), any permit issued by a local Air Quality Program, and any permit issued by a local Sedimentation and Erosion Control program.

Applicant Signature: _____ Date: _____ Print Name, Title and Company: _____

NOTICE: The penalty for false statement, representation or certification herein is imprisonment and fine up to $10,000. N.C.G.S. Sect. 130A-26.2.

The undersigned hereby certifies that _____(name of applicant) has no pending administrative, civil or criminal enforcement action based on alleged violation(s) of any program implemented by an agency of the N.C. Department of Environment and Natural Resources ("DENR"), and further certifies that within the last five years there has been no final determination of responsibility against _____name of applicant) for any administrative, civil, or criminal violation of any program implemented by an agency of said Department. The undersigned also certifies that _____(name of applicant) will notify the Solid Waste Section Compliance Officer in writing within 60 days of receipt of notification of any administrative, civil or criminal enforcement action based upon alleged violation(s) of any program implemented by DENR. I further certify that I have the authority to bind _____(name of applicant) herein.

By: _____ Date:_____

_____ Title: _____

(Print Name)

False statements are subject to criminal penalty and fine of $10,000 under N.C.G.S. § 130A-26.2.