



Sheet Leaf Composting Notification Form

DEP USE ONLY	
Notification No.	_____
Permit No.	_____
Facility I.D.	_____

Please complete this form in accordance with the instructions (DEP-RCY-INST-009) to ensure the proper handling of your notification.
 Print or type unless otherwise noted.

Part I: Notification Information

Enter a check mark in the appropriate box identifying the notification type.

This notification is for (check one):	
<input type="checkbox"/> A <i>new</i> sheet leaf composting activity. The farm has <i>never accepted</i> leaves for sheet leaf composting.	<input type="checkbox"/> A sheet leaf composting activity on agricultural land that has <i>previously</i> received leaves for sheet composting.
Please identify the most recent year that leaves were land-applied, if applicable:	

Part II: Fee Information

There is no fee for this notification at this time.

Part III: Registrant Information

1. Fill in the name of the person who will be responsible for practicing sheet leaf composting in accordance with Section 22a-208i(a)-1(g) of the Regulations of Connecticut State Agencies:			
Registrant:			
Phone:	ext.	Fax:	
<input type="checkbox"/> Enter a check mark if there are co-registrants. If so, label and attach additional sheet(s) with the required information as supplied above.			
2. List primary contact for departmental correspondence and inquiries, if different than the registrant.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
3. List the person to whom the Agricultural Sales Tax Exemption Permit was issued:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
Agricultural Sales Tax Exemption Permit Number:			
Date Issued:	Expiration Date:		

Part VII: Registrant Certification

The landowner, the person who will practice sheet leaf composting, and the person to whom the Agricultural Sales Tax Exemption Permit has been issued must sign this part. A notification will be considered incomplete unless *all* required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this notification is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Landowner	<hr/> Date
<hr/> Name of Landowner (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Person Practicing Sheet Leaf Composting	<hr/> Date
<hr/> Name of Person Practicing Sheet Leaf Composting (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Person to Whom the Agricultural Sales Tax Exemption Permit was Issued	<hr/> Date
<hr/> Name Person to Whom the Agricultural Sales Tax Exemption Permit was Issued (print or type)	<hr/> Title (if applicable)
<input type="checkbox"/> Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the Notification Form and all Supporting Documents to:

COMPOST SPECIALIST
 CT DEP RECYCLING PROGRAM
 79 ELM STREET
 HARTFORD, CT 06106-5127