



**GOOD CHARACTER
DISCLOSURE STATEMENT**

State Form 50400 (R4 / 4-11)
Indiana Department of Environmental Management

**INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT**

Office of Land Quality
Permits Branch
100 N. Senate Ave.
Indianapolis, IN 46204-2251

INSTRUCTIONS This form shall be used to submit the good character disclosure statement required by IC 13-19-4 for obtaining a solid waste facility permit or a hazardous waste treatment, storage, or disposal facility permit, except in the following cases: 1) renewals 2) when an applicant's solid waste facility does not process or dispose, for commercial purposes, solid waste generated offsite 3) government facilities 4) when an applicant has a permit for and has continuously operated a transfer station, solid waste disposal facility, or hazardous waste facility in Indiana after December 31, 2004, and is applying for either a permit for a new transfer station or the transfer of a transfer station permit, or 5) when an applicant has a permit for and has continuously operated a solid waste disposal facility or hazardous waste facility in Indiana after December 31, 2004, and is applying for the transfer of a permit for a solid waste disposal facility. However, in the case of 4) and 5), a disclosure statement is still required when there is a change of ownership of a least fifty percent (50%) ownership control of the entity that holds a permit. When completed, please return this form and support documents to the address given in the box above.

Section A. Facility Information

Facility Name				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	ZIP			
This statement is for (check appropriate box):				
<input type="checkbox"/>	a new permit	<input type="checkbox"/>	a permit transfer	
<input type="checkbox"/>	a permit modification			

Section B. Applicant Information

The applicant may be an individual, a corporation, a partnership, or a business association that applies for the issuance, transfer, or major modification of a permit described in IC 13-15-1-3. Each applicant shall complete the following information; attach additional pages as necessary.

Applicant Name				
Business Address:	Street	Apt. #	P.O. Box	
Town/City	State	ZIP		

Section C. Responsible Party Information

A responsible party may be an officer, a corporation director, or a senior management official of a corporation, partnership, or business association that is an applicant. A responsible party may also be an individual, a corporation, a partnership, or a business association that owns, directly or indirectly, at least a twenty percent (20%) interest in the applicant. Each responsible party shall complete the following information; attach additional pages as necessary.

Responsible Party Name				
Business Address:	Street	Apt. #	P.O. Box	
Town/City	State	ZIP		
Relationship to Applicant				
Responsible Party Name				
Business Address:	Street	Apt. #	P.O. Box	
Town/City	State	ZIP		
Relationship to Applicant				
Responsible Party Name				
Business Address:	Street	Apt. #	P.O. Box	
Town/City	State	ZIP		
Relationship to Applicant				
Responsible Party Name				
Business Address:	Street	Apt. #	P.O. Box	
Town/City	State	ZIP		
Relationship to Applicant				

Section C. Responsible Party Information (continued)

A responsible party may be an officer, a corporation director, or a senior management official of a corporation, partnership, or business association that is an applicant. A responsible party may also be an individual, a corporation, a partnership, or a business association that owns, directly or indirectly, at least a twenty percent (20%) interest in the applicant. Each responsible party shall complete the following information; attach additional pages as necessary.

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Responsible Party Name

Business Address: Street Apt. # P.O. Box

Town/City State ZIP

Relationship to Applicant

Section D. Disclosure Statement

Each Applicant and Responsible Party identified in Sections B and C shall complete a separate Section D and Section E. The Section D requirement may be satisfied by providing all information required by either Section D1 or Section D2, but not both. Please indicate that the required item has been provided or does not apply by initialing either the "Not Applicable" or "Provided" space. If "Not Applicable" is selected, please provide an explanation describing why. **Please note:** complete only Section D2 if the following applies: 1. the information is being provided for an individual, not a business entity, or 2. the information is being provided for a change in ownership control of an entity that holds a permit subject to IC 13-19-4-8.

THIS DISCLOSURE STATEMENT IS PROVIDED FOR:

Name (print or type)

Acting as (check one):

Applicant

Responsible Party

SECTION D1

A) The information concerning legal proceedings that is required under Section 13 or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq) and that the applicant or responsible party has reported under Form 10-K.

Not Applicable _____ Provided _____

B) A description of all judgments that have been entered against the applicant or responsible party in a civil or administrative complaint for the violation of any state or federal environmental protection law and that have imposed upon the applicant or responsible party a fine or penalty of more than ten thousand dollars (\$10,000) within five (5) years before the date of the submission of the application.

Not Applicable _____ Provided _____

C) A description of all judgments of conviction entered against the applicant or responsible party for the violation of any state or federal environmental protection law within five (5) years before the date of submission of the application.

Not Applicable _____ Provided _____

SECTION D2

A) A description of the applicant's or responsible party's experience in managing the type of waste that will be managed under the Permit. Include the name and business address for employers, the State Permit number for the facility, the type of work experience and the length of time employed.

Not Applicable _____ Provided _____

B) A description of all civil or administrative complaints against the applicant or responsible party for the violation of any state or federal environmental protection law that have resulted in a fine or penalty of more than ten thousand dollars (\$10,000) within five (5) years before the date of the submission of the application.

Not Applicable _____ Provided _____

C) A description of a civil or administrative complaints against the operator or responsible party for the violation of any state or federal environmental protection law that allege an act or omission that constitutes a material violation of state or federal environmental protection law and that presented a substantial endangerment to the public health or the environment.

Not Applicable _____ Provided _____

D) A description of all pending criminal complaints alleging the violation of any state or federal environmental protection law that have been filed against the applicant or responsible party within five (5) years before the date of submission of the application.

Not Applicable _____ Provided _____

E) A description of all judgments of criminal conviction entered against the applicant or responsible party within five (5) years before the date of submission of the application for the violation of any state or federal environmental law.

Not Applicable _____ Provided _____

F) A description of all judgments of criminal conviction of a felony constituting a crime of moral turpitude under the laws of any state or the United States that are entered against the applicant or responsible party within five (5) years before the date of submission of the application.

Not Applicable _____ Provided _____

G) The location of all facilities at which the applicant or responsible party manages the type of waste that would be managed under the permit to which the application refers. Include the facility name, business address, any permit numbers and the type of facility.

Not Applicable _____ Provided _____

H) The following information will be used by IDEM to complete a Request for Limited Criminal History Information if additional information concerning an operator or responsible party is determined to be necessary.

Date of birth _____

Sex _____

Race _____

SECTION E SIGNATORIES

I affirm that all information contained in this disclosure statement and any attachments is, to the best of my knowledge, true and accurate. I also realize that any information provided in this disclosure statement that was knowingly incorrect may subject me to the penalty for perjury under IC 35-44-2-1.

Applicant/Responsible Party Name (printed or typed)	Applicant/Responsible Party Signature	Date
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ACKNOWLEDGMENT

State of _____)
County of _____))SS

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ known by me to be the person who executed the foregoing instrument, signed the same and acknowledged to me that he/she did so sign the same, and that his/her free act and deed and that the statements made in the foregoing instrument are true.

IN WITNESS WHEREOF, I have set my hand and official seal this _____ day of _____, 20 _____.

I am a resident of _____ County, _____.

Notary Public

My Commission Expires: