



# PERSONAL AND BUSINESS INFORMATION DISCLOSURE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 61001 (1-16)

Name of Applicant		Name of Business	
Mailing Address			
City		State	ZIP Code
Business Phone Number	Business Cell Number		Business Email Address
Describe your experience in managing the type of TENORM that will be managed under the license:			

### DISCLOSURE (Attach additional pages as needed):

<p>1. Within the last 5 years, have you been the recipient of any civil or administrative complaint for the violation of any state or federal environmental protection law which resulted in a fine or penalty of more than \$10,000.00?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please describe:</p>
<p>2. Within the last 5 years, have you entered into a settlement agreement with a federal or state agency to resolve any alleged violation of any state or federal environmental protection law which resulted in a payment of more than \$10,000?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please describe:</p>
<p>3. Do you have any pending notice of violation, civil complaint, administrative complaint, or criminal complaint alleging the violation of any state or federal environmental protection law?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please describe:</p>
<p>4. Within the last 5 years, have you had any judgment of criminal conviction entered against you for the violation of any state or federal environmental protection law?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please describe:</p>
<p>5. Within the last 5 years, have you had any judgment or criminal conviction of a felony constituting a crime involving fraud or misrepresentation under the laws of any state or of the United States entered against you?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please describe:</p>

I declare under the penalties of perjury that this disclosure has been examined by me and to the best of my knowledge is a true, correct and complete.

Type/Printed Name	Title
Signature	Date

Return completed form to:  
North Dakota Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947  
Telephone: (701)328-5188