



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blairstone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

November 10, 2008

David Gushleff  
FECC Inc  
3652 Old Winter Garden Rd  
Orlando, FL 32805- 1020

## BE IT KNOWN THAT

FECC Inc  
3652 Old Winter Garden Rd  
Orlando, FL 32805- 1020

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C.)

The Department of Environmental Protection hereby issues  
Registration Number **FLD981748015** on November 10, 2008

**This registration will expire on 06/30/2009**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

Richard C. Neves  
Environmental Specialist III  
Hazardous Waste Regulation Permitting



Department of Environmental Protection  
Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #62-710.901(1)  
Form Title Application for Registration  
Used Oil & Oil Filter Handlers  
Effective Date June 9, 2005

## Application for Registration Used Oil and Oil Filter Handlers\*

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below)  
For registration period July 1, 2008 through June 30, 2009  
Please print or type

1. Business Name FECC, INC. FEID No. 59-2964880  
DBA (Doing Business As) Florida Environmental Compliance Corp. Telephone No. 407-296-9995  
Business Mailing Address: 3652 OLD Winter Garden Road  
City: Orlando County ORANGE State: FL Zip Code: 32805  
Site Address: 3652 OLD Winter Garden Rd.  
City: Orlando County Orange State: FL Zip Code: 32805

2. Name of Contact Person (if different from owner/operator) David Gushleff, CTH  
Telephone No. 407-296-9995 email: dgushleff@feccorporation.com

3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):  
☒ at our mailing (business) address ☐ at the site (facility) address

4. Include the registration fee of \$100.00, in the form of a check or money order payable to Florida Department of Environmental Protection. Permitted Used Oil Processing Facilities are exempt from this fee. See ATTACHED

4a. Registration Status: ☒ New ☐ Renewal EPA ID No. FLD 981 748 015

4b. Check boxes which apply to your used oil/used oil filter activity(ies).

Used Oil: ☒ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Marketer ☐ Processor  
☐ Burner of off-spec used oil

Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

### 5. Certification

5a. General Certification to be signed by all Registrants:

To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.

David Gushleff

Name of Authorized Person (Print or Type)

David Gushleff

Signature of Authorized person

11/5/08

Date

5b. Specific Certification to be signed by all Used Oil Transporters

(Except those exempted by Rule 62-710.600(1), F.A.C.)

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

David Gushleff

Name of Authorized Person (Print or Type)

David Gushleff

Signature of Authorized person

11/5/08

Date

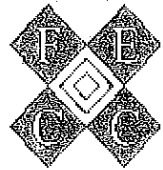
VENDOR NO.	VENDOR NAME	CHECK NUMBER
152	FL Dept of Enviro Protection	114826

114826

Phone:

INVOICE NO.	REFERENCE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	RETAINAGE	PREVIOUS	BALANCE	NET AMOUNT
208 343	07-08 Renewal	2/22/08	Renewal of 2007/2008 Permit	100.00	0.00	0.00	0.00	0.00	100.00
<i>Cleared 2/29/08 through out bank</i>									
VENDOR NO.	REFERENCE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	RETAINAGE	PREVIOUS	BALANCE	NET AMOUNT
152				100.00	0.00	0.00	0.00	0.00	100.00

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING



FECC, INC.  
2418 SILVER STAR ROAD  
ORLANDO, FL 32804  
(407) 296-9995

MERRILL LYNCH  
WORKING CAPITAL MGMT  
BANK ONE, COLUMBUS N.A.  
COLUMBUS, OH 43271

25-60/440

114826

DATE	CHECK NO.	AMOUNT
2/22/08	114826	\$100.00

\*\*\*One hundred and xx / 100 Dollars\*\*\*

PAY  
TO THE  
ORDER  
OF

FL Dept of Enviro Protection  
Post Office Box 3070  
Tallahassee, FL 32315-3070

FECC, INC.

*[Signature]*  
AUTHORIZED SIGNATURE

114826 044000804 041171011985

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 10/23/2008												
PRODUCER (813)637-8877 FAX (813)637-8484 Insurance Office of America, Inc. 4915 W. Cypress Street Suite 100 Tampa, FL 33607		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED FECC, Inc. DBA: Florida Environmental Compliance Corp 3652 Old Winter Garden Road Orlando, FL 32805		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Nautilus Insurance Company</td> <td>01990</td> </tr> <tr> <td>INSURER B: Great Divide Ins</td> <td>1231</td> </tr> <tr> <td>INSURER C: Fireman's Fund</td> <td>21873</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Nautilus Insurance Company	01990	INSURER B: Great Divide Ins	1231	INSURER C: Fireman's Fund	21873	INSURER D:		INSURER E:	
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INSURER E:														

#### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	ECP01501163-10	11/01/2008	11/01/2009	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/>	Deductible \$5,000				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/>	Pollution/Prof				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMPIOP AGG	\$ 2,000,000	
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	BAP1501988-10	11/01/2008	11/01/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS					
<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
<input checked="" type="checkbox"/>	CA9948 Pollution						
<input checked="" type="checkbox"/>	Endorsement						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY	FFX1501992-10	11/01/2008	11/01/2009	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/>	DEDUCTIBLE					\$ 0
	<input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C		OTHER Scheduled Equipment	MZI97507511	02/01/2008	02/01/2009	\$2,148,947	
						Rented Leased Equip \$400,000 Maximum	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 The certificate holder is named as an additional insured.

General Liability and Professional Liability have separate aggregate limits of \$1,000,000 each.

\*10 day notice of cancellation for non payment of premium

CERTIFICATE HOLDER	CANCELLATION
Florida Dept of Environmental Protection Hazardous Waste Management Section MS4555 2600 Blair Stone Road Tallahassee, FL 32315-3070	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE J. Bryan Yoho/DAYD