

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

02/04/2009

Steve Becker Clean Fuels Of Florida Inc 2635 NE 4th Ave Pompano Beach, FL 33064-5405

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **2635 NE 4th Ave**, **Pompano Beach**, **FL 33064-5405** has been registered through **March 1**, **2010** with the following status:

Facility ID # FLD984171256

Transporter of Universal Waste Lamps and Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist

Hazardous Waste Management Section

Luni France

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS45601 2 6 2009 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772

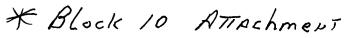
Date Received (for FDEP Official Use Only)

RCRAInfo MTS D 5 6 Mark 'X' in 1. Reason for To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous Submittal correct box: waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). ☐ Is this the **final notification** (see instructions) for the facility? 2. Facility or FEID No. Clean Fuels Of Florida Inc. **Business Name** 65-0759146 3. Facility Operator Name of Operator: New Operator Clean Fuels Of Florida Inc. (List additional Date became Operator: _ Operators in the mm dd УУ Phone Number: 954-791-9588 comments section). Street or P.O. Box: 2635 NE 4th Ave. City or Town: State: Zip Code: Pompano beach 33064 Operator Type: 🔀 Private Federal Municipal State Other 4. Facility Physical Physical Street Address: 2635 NE 4th Ave Location City or Town: State: Zip Code: Information FL 33064 Pompano Beach County: Broward If available, please attach a map or sketch of the facility boundaries. | . | Longitude: | | | | | | Method: Latitude: | | | | d d d d m m s s . ssss Datum: m m S S . SSSS В. 5. Facility North American Industry 562112 Classification System (NAICS) Code(s) Street Address or P.O. Box: 6. Facility or 2635 NE 4th Ave **Business Mailing** City or Town: Zip Code: State: 33064 Pompano Beach Address Title: First Name: 7. Facility or Last Name: Operations **Becker** Steve MANAGER **Business Contact** E-Mail: Phone Number: Extension: Person 954-791-9588 Street or P.O. Box: 2635 NE 4th Ave City or Town: State: Zip Code: 33064 Pompano Beach Name of Real Property (Land) Owner: □New Owner 8. Real Property Damon Barry Fernandez (Land) Owner Date became Owner: of the Facility's Physical Location Street or P.O. Box: Phone Number: 2635 NE 4th Ave (List additional real property owners Zip Code: City or Town: State: FI 33064 Pompano Beach in the comments section.) Owner Type: Private Federal ☐ Municipal ☐ State Other

EPA ID No. FLD984171256
at apply):
For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
FDEP. (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
e of Liability Insurance is required along with this registration.] a waste only b. For commercial purposes on ance American Specialty itain Rd. Ste. E19 22-1294
Telephone 954-452-4900
Expiration date 11-03-2009
Water Other - specify
Storage Volume
with the initial notification for a transfer facility [Rule 62-730.171(3). The transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.]

	EPA ID No. FLD984171256
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("	
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more o Small Quantity Handler (SQH) = always less than 5,000 kg accur	•
Mercury-containing devices LQH = 100 kg (220 lb) or more acc Mercury-containing devices SQH = less than 100 kg accumulated	•
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamp	ps) or more accumulated by for-hire handler
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	os) accumulated by for-hire handler
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]	
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	utical waste (UPW) accumulated
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard	dous ("P-listed") pharmaceutical waste accumulated
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	llways 1 kg or less of acutely hazardous UPW accumulated
HILL HOP THOSE MIGHOGING I (goo note in I	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	300
b. Pesticides	
c. Pharmaceuticals	8,000
d. Mercury Containing Devices	50
e. Mercury Containing Lamps	3000
	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
(4) Reverse Distributor of UW Pharmaceuticals	☐ Lamps ☐ Devices ☐
(5) Destination Facility for UW Note: for this activit storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.
(1) Used Oil Transporter - indicate type(s) of activity(ies):	8) Specific Certification to be signed by all Used Oil Transporters 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. Signature of Authorized Person Print Name of Authorized Person
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. ☐ A check is enclosed.	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): ☐ Our mailing (business) address ☐ The site (facility) address

				EPA ID No.	FLDS	984171256
D. Other State R	egulated Waste A	tivities:	_	Contact Water (PC water facility perm	, <u>-</u>	apter 62-740, F.A.C.] for this activity.
your facility. List	them in the order th	ney are presented ir	n the regulations (List the waste code e.g., D001, D003, F Jse an additional pa	F007, U112).	zardous wastes handled at are needed.
[/] D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	D007
⁸ F001	⁹ F002	¹⁰ F003	^{//} F004	¹² F005	¹³ F006	^{/4} F007
¹⁵ F008	¹⁶ F009	¹⁷ F010	¹⁸ F011	¹⁹ F012	20	21
22	23	24	25	26 CONTINUE	27 an ATTAC	Roment
11. Other Statu	s Changes (Mar	k 'X' in all that ap	oply):			
(1) Busi (2) Was (3) Othe	te generated by bus er (explain)	erates, transports, t iness has been deli	reats, stores, or di	sposes of hazardou	s waste	
be l (2) Out add Contact Address	ed at this location a handling regulated of Business - Busin ress, and phone nur	waste there. ness closed on nber where you can	n be reached after	(Date). F	Please provide a cor	new location if you will ntact person, mailing
C. Pro	perty Tax Default		D. Petitio	n for Bankruptcy	Protection	
in accordance with information submi for submitting fals facility, I am award	a system designed tted is, to the best of e information, include that transfer facili	to assure that qual of my knowledge and ading the possibilities must comply v	lified personnel pr nd belief, true, acc y of fine and impo with the requireme	operly gather and e curate, and complet risonment for know	evaluate the informate. I am aware that to ing violations. If I	my direction or supervision ation submitted. The here are significant penalties have notified as a transfer le 62-730.182, FAC.
Signature of ow	ner, operator, o representative	r an authorized	P	rint Name and T	Γitle	Date Signed (mm-dd-yyyy)
Them	A. Our	<u> </u>	Steven A. B	Becker / Operat	tions Manager	01-23-2009
If the person wh	o filled in this form	n is not the Facilit	y Contact or Op	erator, please com	plete the informat	tion below:
(Name of person c	completing this form	n)	(Phone Number)		(E-mail Address))
13. Comments:						



IX. Description of Regulated Wastes (Continued; (Additional Sheet)

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B. Listed Hazardou	s Wastes. (See 40
13	14
K 0 4 7	K 0 4 8
19	20
K 0 6 0	K 0 6 1
25	26
K 0 7 1	K 0 7 3
31	32
K 0 8 6	K b 8 7
37	38
K 0 9 4	K 0 9 5
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K 1 1 2 61	K 1 1 3
	62
K 1 1 8 67	68 68
K 1 3 2	K 1 3 6
73	74
K 1 4 5	K 1 4 7
79	80
K 1 5 6	K 1 5 7
65	86
P 0 0 1	P 0. 0 2
91	92
P 0 0 7	P 0 0 8
97	98
P 0 1 3	P 0 1 4
103	104
P 0 2 1	P 0 2 2
109	110
P 0 3 1	P 0 3 3
115	116
P 0 4 0	P 0 4 1

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к 0 6 2	K 0 6 4	K 0 6 5
27	28	29
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33	34	35
K 0 8 8	K 0 9 0	K 0 9 1
39	40	41
K 0 9 6	K 0 9 7	K 0 9 8
45	46	47
K 1 0 2	K 1 0 3	K 1 0 4
51	52	53
K1 08	K 1 0 9	K 1 1 0
57	58	59
K 1 1 4	K 1 1 5	K 1 1 6
63	64	65
K 1 2 4	K 1 2 5	K 1 2 6
69	70	71
K 1 4 1	K 1 4 2	K 1 4 3
75	76	77
K 1 4 8	K 1 4 9	K 1 5 0
81	82	83
K 1 5 8	к 1 5 9	K 1 6 0
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93	94	95
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P 0 1 5	P 0 1 7	P 0 1 8
105	106	107
P 0 2 4	P 0 2 3	P 0 2 6
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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

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P 0 9 3	P 0 9 4
56	57
P 0 9 9	P 1 0 1
62	63
P 1 0 6	P 1 0 8
68	69
P 1 1 3	P 1 1 4
74	75
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P 1 9 4 92	P 1 9 5 93
	
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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

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iX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

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Department of Environmental Protection

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #	62-737 900(1)
Form	Mercury Containing Lamp/Device Transporter
	and Storage Facility Registration Form
Effective Date	May 20, 1998
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RECEIVED

JAN 2 6 2009

Universal Waste Lamp and Device Transporter and Handler Facility Registration Form and Instructions

For registration period from January 1, 09 through December 31, 09

Pursuant to Rules 62-737.400 and 62-737.710, Florida Administrative Code (F.A.C.), persons/businesses that transport, store or sponsor a reverse distribution program for universal waste lamps or devices destined for recycling must register with the Department (DEP) using this form

87: 855W

before transporting, storing or collecting such lamps or devices. (See "Who Must Register" on the back of this form.) Part I: Registration Status: ☐ New ☑ Renewal Registration No. FLD984171256 DEP/EPA ID No. (if applicable) FLD984171256 Part II: Business Information: Business name: Clean Fuels Of Florida Inc. FEID Number: 65-0759246 Telephone No.:(954) 791-9588 D.B.A. (Doing Business As): Clean Fuels Mailing address: 2635 NE 4th Ave. City Pompano Beach State FI ____ zip 33064 Street address: 2635 NE 4th Ave. County Broward State Fl. Zip 33064 City Pompano Beach 5. Name of Installation's Legal Owner: D. Barry Fernandez Mailing Address: 2635 NE 4th Ave. State Fl. Zip 33064 City Pompano Beach Part III: Type of Activity - Check all boxes which apply to your universal waste lamp and device activity(ies). 1. ☑ Transporter: ☑ Lamps ☑ Devices A 10-day transfer facility will also be operated at this location: 🗆 Yes 🗹 No. Any storage off transport vehicle? 🗆 Yes 🖟 No. 2. M Handler Facility (Submit one form for each separate handler facility location):

Lamps □ Devices M Small Quantity (less than 2,000 kilograms of lamps (< 8,000) or 100 kilograms of devices) □ Large Quantity (2,000 kilograms or more of lamps (≥ 8,000) or 100 kilograms (kg) or more of devices) Closure Plan (with financial assurance mechanism) Included:

Yes

No Operational Plan Included:

Yes

No DEP Only: Registration Fee (\$1,000) Received ☐ Yes ☐ No ☐ NA Amount Received Check # 3.

Reverse Distribution (RD) Program (Attach program description including names/addresses of all participating facilities): ☐ Small Quantity (less than 5,000 kg of lamps (20,000) or devices) ☐ Large Quantity (5,000 kg or more of lamps or devices) Part IV: Certification: I hereby affirm that (1) I understand the Chapter 62-737, F.A.C. provisions that apply to my operations; (2) I understand that spent lamps and devices that are stored at or transported to facilities not operating in

Print Name of Authorized Agent

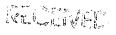
and/or authorizations that are required.

Signature of Authorized Agent

1-23-09 Date

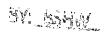
Page 1 of 2

accordance with Chapter 62-737, F.A.C., are subject to 40 CFR 262.11 and all other applicable state and federal regulations including Rule 62-701.300, F.A.C.; (3) employees handling or transporting lamps and devices are trained in the proper handling and emergency cleanup and containment procedures applicable to their transport or handling; and (4) emergency procedures will be kept at my business location and (for transporters only) on each transport vehicle, or (for reverse distribution programs only) as otherwise allowed under this Chapter. To the best of my knowledge and belief I certify, under penalty of perjury, that the information provided on this form is true, accurate, and correct. I have attached all documents





Department of Environmental Protection



Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 David B. Struhs Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Clean Full of	FL. 2635 NE 4Th AU-	Pompou. Beach fl. City and Sta	33064
954-791-9588	954-791-9368	Sbecking dipu-	turls. Det
Phone	Fax	E-mail	
	ransporters and transfer fa	ncilities (in-state and out-of- all boxes that apply.	-state).
1. Estimated <u>numb</u>		ring the last calendar year.	
Types:	Fluorescent	HID)	
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3. Estimated weight (NOT ballasts)	nt of DEVICES handled d	uring the last calendar year	lb.
	mps (L) and devices (D) g quantity recycled.	o for recycling? Check the	appropriate box
2000 Aerc	Com. INC. 4317 FORTU	JE WAY. W. Melbourus +	1-22904 321-952-15
Number (D) D	Facility Name	City/State	Phone
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BB Insurance Market P.O. Box 551267		ALTER	THE COVERA	GE AFFORD	ED BY THE	POLICIES BELOW
Fort Lauderdale Fi Phone: 954-452-490	0 Fax:954-452-0450	INSURER	S AFFORDING	G COVERAG	E	NAIC #
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Clean Fuel	s of Florida, Inc.	INSURER C:				
2635 NE 41	ls of Florida, Inc. ch Avenue each FL 33064	INSURER D:				
1 ompano 2		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.

LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
A	x	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	ECC101003860-00	11/03/08	11/03/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1,000,000 \$ 50,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
		X Pollution-Claims				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
		X POLICY PRO-					7.7444
в		AUTOMOBILE LIABILITY ANY AUTO	CA00204473	12/17/08	12/17/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 750,000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		HIRED AUTOS NON-OWNED AUTOS	1. 1. 1. 1. A 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			BODILY INJURY (Per accident)	\$
			Dollar and some			PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY	JAN 26	2005		AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO		1 7003		OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		0.1		EACH OCCURRENCE	\$
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		DEDUCTIBLE					\$
		RETENTION \$					\$
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EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	s
	If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	s
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Environmental service provider located at 2635 NE 4th Ave. Pompano Beach,

FL 33064. Certificate holder is listed a additional insured with respect
to General Liability only if required by written contract.*Except 10 days
notice for non-payment of premium.

CERTIFICATE HOLDER

DEPTARE

Florida Dept of Environmental Protection, Hazardous Waste Mgt SecMS4555 Twin Towers Ofc Bldg 2600 Blair Stone Road Tallahassee FL 32399-2400 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jason Br<u>own</u>

CANCELLATION

ACORD 25 (2001/08) © ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.