

## 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

03/02/2009

Jade Morgan Lamp Environmental Industries Inc P O Box 2962 Hammond, LA 70404-2962

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 11441 Fontana Lane, Independence, AL 70443 has been registered through March 1, 2010 with the following status:

Facility ID # LAR000055467

**Transporter of Universal Waste Lamps and Devices** 

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 <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace

**Environmental Specialist** 

Hazardous Waste Management Section

**Enclosures** 



## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

FEB 1 8 20

Date Received

(for FDEP Official Use Only)

		(850) 245-87/2	• •						
EPA ID LAR	0 0 0 0 5	5 4 6 7	MTS		RERA	Info			
1. Reason for Submittal  Mark 'X' in □ To provide initial notification (to obtain an EPA waste, universal waste, or used oil activities).  □ To provide subsequent notification (to update st information). □ Is this the final notification (see instructions) for					nd facility iden				
2. Facility or Business Name  Lamp Recyclers of Louisiana, Inc. dba Lamp Environmental Industries  FEID No.  7 2 1 2 6 3 4									
<b>3. Facility Operator</b> (List additional Operators in the		p Recyclers of Louis	siana	New Oper Date became	Operator: 0	03 <sub>/</sub> 27 <sub>/</sub> 94 nm dd yy			
comments section).	Street or P.O. Box:	PO E	3ox 2962	Phor	ne Number:	985-878-3333			
	City or Town:	Hammor	State: LA	Zip Code:	70404-2962				
	Operator Type:       ☑ Private       ☑ Federal       ☑ Municipal       ☑ State       ☑ Other								
4. Facility Physical Location	Physical Street Add	lress:	ontana Lan	e					
Information	City or Town:	Independer	State: LA	Zip Code:	70443				
	County: Choose		ase attach a m	ap or sketch o	of the facility				
	Latitude:      d d	.   Longi m m ss.ssss	tude:	s s . ssss	Method: Datum:				
5. Facility North Am Classification Syst				В.					
Code(s)	em (maco)	D.							
6. Facility or	Street Address or I	P.O. Box:	PC	) Box 2962					
Business Mailing Address	City or Town:	Hammor	nd	State: LA	Zip Code:	70404-2962			
7. Facility or Business Contact	First Name:	Jade	Last Name:	Morgan	1	nsportation			
Person	Phone Number:	985-878-8210	Extension: 228	E-Mail: jmorgan@lei-inc.net					
	Street or P.O. Box:	<del>.</del>	РО Во	x 2962					
	City or Town:	Hammon	d	State: LA	Zip Code:	70404-2962			
8. Real Property (Land) Owner of the Facility's	Lar	erty (Land) Owner: mp Recyclers of Lou	isiana	New Own Date became	Owner: 03				
Physical Location (List additional	Street or P.O. Box:	PO Bo	ox 2962	Phor	e Number: g	985-878-3333			
real property owners in the comments	City or Town:	Hammon	d	State:A	Zip Code:	70404-2962			
section.)	Owner Type: 🛛 🏻	rivate Federal [	]Municipal ☐ Sta	te Other	Date _				
					, —				

### **Image Quality**

As you review the next group of images,

Please note that the original documents

were of poor quality.

	EPA ID No. LAR000055467						
D. Type of Regulated Waste Activity ( Mark 'X' in all tha	at apply):						
A. Hazardous Waste Activities:  (1) Generator of Hazardous Waste  (Choose only one of the following three categories.)  a. Large Quantity Generator (LQG):  Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste  b. Small Quantity Generator (SQG):  Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2.200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste  c. Conditionally Exempt SQG (CESQG):  Generates in any calendar month 100 kg/mo or less	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste						
(220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste  In addition, indicate other generator activities that apply.  ☐ d. United States Importer of hazardous waste ☐ e. Mixed Waste (hazardous and radioactive)  Generator	activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.  (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.						
(7) ▼ Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]  Registration must be renewed annually. □ a. For own waste only ☒ b. For commercial purposes  c. Hazardous Waste Transporter Insurance Information Insurance Company							
Contact Jamie Nickel Policy Number TRK9029078-03	Telephone 800-236-1034 ext. 135 Expiration date 05-19-2009  ☐ Water ☐ Other - specify						
Florida Administrative Code (F.A.C.)]:  Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes (Evidence of the transporter's financial responsibility A brief general description of the transfer facility (Cooperation of the transfer facility of the facility closure plan [Rule 62-730.1]  A copy of the contingency and emergency plan [Rule 62-730]  A map or maps of the transfer facility [Rule 62-73]	ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.]						
<ul><li>☐ Notification of changes in above items</li><li>☐ Annual update notification</li></ul>							

	EPA ID No. LAR000055467				
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) (	"accumulated" means at any one time):				
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of	of any combination of UW accumulated				
Small Quantity Handler (SQH) = always less than 5.000 kg accu	ımulated				
Mercury-containing devices LQH = 100 kg (220 lb) or more ac	cumulated by for-hire handler				
<ul> <li>Mercury-containing devices LQH = 100 kg (220 lb) or more ac</li> <li>Mercury-containing devices SQH = less than 100 kg accumulate</li> </ul>					
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam					
Mercury-containing lamps SQH = less than 2,000 kg (8.000 lam	ps) accumulated by for-hire handler				
[Note: 4 lamps = 1 kg. 62-737.200(10)]	disal area of UNV as a suppolated				
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace					
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar					
Pharmaceuticals SQH = always less than 5.000 kg of UPW and	always 1 kg or less of acutely hazardous OPW accumulated				
ICIA BOT THOSE Managing I I take the I	(2) Enter your esitmate of the maximum amount (in pounds)				
Accumulate (See note in instructions)  Facility	of each type of UW on site or transported at any one time.				
a. Batteries	up to 40,000				
b. Pesticides	up to 40,000				
e. Pharmaceuticals					
d. Mercury Containing Devices	up to 40,000				
e. Mercury Containing Lamps	up to 40,000				
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F A C $\parallel$				
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices				
(5) Destination Facility for UW   Note: for this activity storage prior to recommendation.	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.				
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters				
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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,				
<ul><li>a. Transporter</li><li>b. Transfer Facility</li></ul>	current and being adhered to. If any modifications have been made to the				
(2) Collection Center	orginally approved training program, they are explained in attachments to				
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of				
(4) Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710,901(4), F.A.C.				
(5) Used Oil Fuel Marketer  (6) Used Oil Filter	•				
a. Transporter					
☐ b. Transfer Facility	Signature of Authorized Person				
c. Processor					
☐ d. End User	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	(9) The records required under the provisions of Rule 62-710.510.				
applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.	F.A.C., are kept at (check one):  Our mailing (business) address				
A check is enclosed.	The site (facility) address				

				EI	PA ID No.	LAR	000055467
	Regulated Waste A		☐ Petrole	um Cont	act Water (P	CW) Handler [Ch mit may be required	apter 62-740. F.A.C.] I for this activity.
your facility. Lis	t them in the order	they are presented i	in the regulatio	ons (e.g., l	D001, D003,		zardous wastes handled at are needed.
<sup>7</sup> D001	. D002	<sup>3</sup> D003	i D004	5	D005	6 D006	D007
<sup>N</sup> D008	° D009	<sup>///</sup> D010	<sup>//</sup> D011	12	U151	13	14
15	16	1-	18	19		20	21
22	23	24	25	26		2-	2N
11. Other Stat	us Changes (Ma	rk 'X' in all that a	pply):				
☐ (3) Oth  B. Facility Clo  ☐ (1) Clo be ☐ (2) Ou ado	ner (explain)  osed  osed at this location  handling regulated  t of Business - Bus  dress, and phone no	I waste there.	ving to another	r - submit	a new Form (Date).	8700-12FL for the Please provide a co	new location if you will ntact person, mailing
Addres City, S	tate, Zip						
☐ C. Pro	operty Tax Defaul	t	D. Pet	tition for	Bankruptcy	Protection	
in accordance wit information subm for submitting fal facility, I am awa	h a system designe litted is, to the best se information, inc	d to assure that qua of my knowledge a luding the possibilit lities must comply v	lified personne nd belief, true. ry of fine and i	d properly accurate mprisonn ements of	gather and a and completed and completed and completed and for known	evaluate the informate. I am aware that the ing violations. If I a. 171, FAC, and Ru	my direction or supervision ation submitted. The there are significant penalties have notified as a transfer le 62-730.182, FAC.  Date Signed (mm-dd-yyyy)
( )			Christy	Gillies	, Operatio	ns Manager	02-16-2009
	Har		Jade Mo	rgan, T	ransporta	ition Manager	02-16-2009
	3			<del></del>			
If the person wh	o filled in this for	m is not the Facilit	y Contact or	Operator	, please com	plete the informat	ion below:
(Name of person of	completing this for	n)	(Phone Numb	per)		(E-mail Address)	
13. Comments	:						

AC	ORD_	CERTIFIC	ATE OF LIABIL	ITY INSU	IRANCE	OPID JN LAMPR-2	05/16/08
150 M P.O.	ne Insur ain Stre Box 389	rance Group met, Ste 102	. :	ONLY AN	D CONFERS NO THIS CERTIFIC	SUED AS A MATTE O RIGHTS UPON TH CATE DOES NOT AR	R OF INFORMATION E CERTIFICATE
	ha WI 54 :: 920-72	1952 5-3232 Fax:9	20-725-3233	INSURERS	AFFORDING C	OVERAGE	NAIC #
INSURED				INSURER A:	Zurich American	Insurance Co.	±
	Lamp	Recyclers of dba Lamp Envi	Louisiana,	INSURER B.	Steedfast Insura	ince Company	
	Indus	stries (LEI)	Tollmental //.		Travelers Prop C	las Co of MM	
	Hammo	and LA 70404		INSURER D			
COVER	AGES -			PEQUEN L.			
ANY RE MAY PE POLICII	EQUIREMENT, ERTAIN, THE I ES. AGGREGA	TERM OR CONDITION INSURANCE AFFORDED	OW HAVE BEEN ISSUED TO THE INS OF ANY CONTRACT OR OTHER DO DBY THE POLICIES DESCRIBED HER Y HAVE BEEN REDUCED BY PAID CL	CUMENT WITH RES	SPECT TO WHICH T	HIS CERTIFICATE MAY BE	E ISSUED OR
NSR ADDI LTR INSRE		E OF INSURANCE	POLICY MUMBER	POLICY EFFECTIVE DATE (MISSIDOYY)	POLICY EXPERATION DATE (MIMOSOYYY)	Un	ets
	GENERAL LIA				_	EACH OCCURRENCE	s 1000000
A			GL05890473-03	05/19/08	05/19/09	PREMISES (Ea occurence)	s 1000000
	CLA	VIMS MADE X OCCUR				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5000 \$ 1000000
			•			GENERAL AGGREGATE	s 2000000
	GENTL AGGRE	GATE LIMIT APPLIES PER	:			PRODUCTS - COMPIOP AGE	
<del></del>	POLICY	PRO- JECT LOC			<del></del>	*	
<b>A</b> -	X ANY AUT		TRK9029078-03	05/19/08	05/19/09	COMBRRED SINGLE LIMIT (Ea accident)	s 1000000
	<del></del>	NED AUTOS ILED AUTOS		·		BCDILY INLIURY (Per person)	\$
	HIRED AL	UTOS INED AUTOS				BODILY BLAURY (Per accident)	ş
						PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIAE	жлү				AUTO ONLY - EA ACCIDENT	S
	ANY AUTO	o				OTHER THAN EA ACI	C'S GS
	EXCESSAME	RELLA LIABILITY	**************************************			EACH OCCURRENCE	\$ 5000000
В	X OCCUR	CLAIMS MADE	SE05890471-03	05/19/08	05/19/09	AGGREGATE	s 5000000 s
	DEDUCTI	BLE					\$
	X RETENTE					WC STATU- OTI	· \$
	IKERS COMPEN LOYERS' LIABIL					TORY LIMITS EF	<u> </u>
ANY OFFI	PROPRIETORIP CERMEMBER E	PARTNERÆXECUTIVE EXCLUDED?				E L DISEASE - EA EMPLOYI	S FF S
	, describe under CIAL PROVISION				•	EL DISEASE - POLICY LIMIT	
OTH	ER		:		-	-	
C Ca			QT6605330C941	05/19/08	05/19/09	LIMIT DED	100000 2500
DESCRIPTI	ON OF OPERAT	HORS / LOCATIONS / VEHIC	CLES / EXCLUSIONS ADDIED BY EMDORSE	- EMENT / SPECIAL PRO	WISIONS	DED	2300
CERTIF	ICATE HO	LDER		CANCELLA	TION		
			BLANK-1	T		BED POLICIES BE CANCELLE	D BEFORE THE EXPIRATION
	FOR R	eference only		DATE THEREOF NOTICE TO THE	, THE ISSUING INSURE CERTIFICATE HOLDER	ER WILL EMDEAVOR TO MAIL R MAINED TO THE LEFT, BUT! Y OF ANY KIND UPON THE MI	30 DAYS WRITTEN
	FOR R	ELEVENCE ONTI		REPRESENTATI		n close	



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist exercise

Jelf Kontkomp

Michael W. Sole

vice transporters and

sign this Information

### UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp

transfer facilities registered under Rule 62-737.400, F.A.C., compte

Checklist. This information will be used to evaluate compliance 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. Lamp Recyclers of Louisiana, Inc. dba Lamp Environmental Industries (Facility Name) 70443 LA 11441 Fontana Lane Independence (Street Address)  $\mu^*(m)$ State (ZIP)985-878-3033 985-878-3333 imorgan@lei-inc.net *iFavi* Section 1: For all transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply. 1. Estimated <u>number</u> of LAMPS handled during the last calendar year. 29,000 (FL Only) HID 🔯 Types: Fluorescent | 2. Estimated <u>number</u> of DEVICES handled during the last calendar year. Types: Thermostats Electric Switches/Relays Thermometers Manometers [ Other lb. 3. Estimated weight of DEVICES handled during the last calendar year. 4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information. Number Facility Name City State Phone 29.000  $\square$ Lamp Environmental Industries LA 985-345-4356 Hammond Signature of Authorized Agent Print Name of Authorized Agent



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Keitkamp Et, Governor

Michael W. Solo Secretary

Section 2: For out-of-state transporters and transfer fac	mues (	oniy
---	--------	------

1. Is any environmental agency in you facility for universal waste lamps and o	or state aware of your activities as a transporter or transfer devices in Florida?
Yes X	lo
verification from that environmental ag	llowing in previous years, please enclose some written gency that they are aware of your activities as a transporter in Florida and in your state. This verification can be in the ment, a registration, a permit, etc.
Submitted Previously  Chisty Gillies ( Print Name of Authorized Agent	Submitted in What Year 2 1609 Signature of Authorized Agent Date

Complete, sign and return this checklist along with your registration form to:

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

#### **QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at <u>laurie\_tenace@dep.state\_fl.us</u>.

Thank you for your cooperation in providing this information.

TransChkl.doc

#### INTERNATIONAL REGISTRATION PLAN

Invoice #: 0168285

DAMP RECYCLERS OF LA INC Invoice Date : 12/6/2009 Account Number : LA Fleet Number : 01 HA: LAME RECYCLERS OF LA INC. : LA 14111

₽ 4 BOX 0962

ε

HAMMOND LA 70404-0000 Application Number: 000 TALATIPAHOA Registration Year : 2009

Number Reg, Months: 12 Invoiced Vehicles : 00006

SUBMIT A MONEY ORDER, CASHIERS CHECK OR CERTIFIED CHECK MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY IN THE TOTAL AMOUNT TO BE REMITTED SHOWN BELOW

AMOUNT DUE LOUISIANA: \$1,328.34

Handling Fees: \$0.00

Transfer Fees: \$0.00

Duplicate Registration Fees: \$0.00

Vicense Plate Replacement Fees: \$0.00

Tow Pecomery Fees: \$0.00

AMOUNT DUE FOREIGN JURISDICTIONS: \$3,189.06

> APPLICATION AMOUNT: \$4,517.40

Foreign Gredit Amount: \$0.00 Base Credit Amount: \$0.00

\$0.00 Applied Credit Amount:

Adjustments:

\$0.00 Adrustment Totals

> \$4.517.40 TOTAL AMOUNT DUE

SETUPN THIS ORIGINAL BILLING WITH REMITTANCE TO:

TIP UNIT THE OF MOTOR VEHICLES 7979 INDEPENDENCE BLVD. SUITE 101 PARTM POUGE, LOUISIANA 70806-6409

IF FEES FOR A LICENSE PLATE RENEWAL ARE RECEIVED OUT OF THE GRACE FINETY:

PERIOD, A 5 PERCENT PER MONTH (MAXIMUM 25) PENALTY WILL BE CALCULATED

ON THE FULL YEAR LOUISIANA LICENSE FEE PRIOR TO APPORTIONING.

TIMERATS: 2009 PENEWAL

Number Reg. Months : 12 Invoiced Vehicles : 00006

#### INTERNATIONAL REGISTRATION PLAN

		Invoice #: 0158285
	LAMP RECYCLERS OF LA INC	<pre>Invoice Date : 12/6/2008</pre>
E.,-	LAMP RECYCLERS OF LA INC	Account Number : LA 14711
	P 0 BOX 2962	Fleet Number : 01
	HAMMOND LA 70404-0000	Application Number : 000
	TANCIPAHOA	Registration Year : 2009

··· · · · · · · · · · · · · · · · · ·	* IRP JURISDICTIONAL	FEES ************	****
RASE JUPISDICTION	APPORTIONED PERCENTAGE		PERS
ipurstana	.53091		\$1,328.34
FORECEN JURISDICTIONS			
Alabama	.02996	\$124.20	
Arkansas	.15850	\$980.66	
Fiorida	.00060	\$2.84	
Georgus	.00792	\$14.73	
indiana	.01328	\$126.99	
Pentucky	.00428	\$32.01	
Mississippi	.18849	\$1,427.49	
Missouri	.00132	\$10.17	
Colc	.01345	\$85.80	
Oklarona	.00919	\$43.00	
Couth Carolina	.00044	\$1.66	
Tennessee	.01133	\$80.66	
โปพธิติ	.05708	\$245.15	
Nest V rginia	.00227	\$13.70	
	Total Foreign 3	Jurisdiction Fees	\$3,189.26
	TOTAL DUE F	ALL JURISDICTIONS	\$4,517.40

License Tear: 2009 Addount: 14111 Fleet: 01

Weight Gr Jur	oup: 03 Weight Jur Weight	Type: P Jur Weight - Jur Weigh	t Jur Weight Jur	Weight. Jur We	ight Jur Weight Jur Wei	lght Jur Weight						
AL, OK	80000 AR 80000 80000 SC 80000	FL 80000 GA 8000 TN 80000 TX 8000		8 All 00008	0000 MO 80000 MS 80	0000 OH 30000						
Owner's Unit Number	VIN	T SAF y exu  Model p ale Unl Year Make e tel Wgt		actory Purchase Price Date	Name of Owner	Title License Number Number						
210	FUYSSZB5YLB44176	2000 FRET TR 3 D 1750	D 80000 \$47,000 \$4 M/DIC: 721263485	47,000 01/29/2003	TAMP RECYCLERS OF AMERICA LUU.S. DOT#: 0576630	C A5829451 P156895						
1.3.2	-2msFiiD2R5PG974742	1993 INTL TD 3 D-1650	80000 \$10,000 \$1	,	INDUSTRIAL TRANSPORT LIC	A6302096 P150722						
L13	4V4NC9TJ13N349301	2003 VOLV TR 3 D 1800	<del>M/PIC: 721263485</del> D 80000 \$89,211 \$8 M/PIC: 721263485		U.S. DOT#: 0576630 INDUSTRIAL TRANSPORTS LLC U.S. DOT#: 0576630	A6616479 P162914						
J.1 4	4V4NC9TJ33N349302	2003 VOLV TR 3 D 1800		39,211 02/26/2004	INDUSTIAL TRANSPORTS LLC	A6616480 P189978						
L17	1FUPNWES1YPB60548	2000 FRHT TT 3 D 1700	N/PIC: 721263485 D 80000 \$44,900 \$4 N/PIC: 721263485	14,900 07/06/2004	U.S. DOT#: 0576630 INDUSTRIAL TRANSPORT LLC U.S. DOT#: 0576630	A6859285 P164865						
Weigh	Weight Group Totals: Number of Power Units: 5 Vehicles in Weight Group: 5 Number of Buses: 0											

D - Diesel G - Gas # - None
P - Propane A - Alternative -----Vehicle Type-----TT - Truck-Tractor CG - Converter Gear BS - Bus
TR - Tractor TK - Truck (Single) WR - Wrecker

Owner's

nagar a Renewal Schedule A Fleet: 01

License Year: 2009 Account, 14111

Weight Group: 04 Type: P Jur Weight Jur Weight

AL 32700 OK 32700 32700 GA 32700 IN 32700 KY 32700 LA 32700 AR 32700 FL MO 32700 MS 32700 OH 32700

TX 32700 32700 TN 32700 32700

> T SAF Comb. e x u У

p ale Unl /Gross Purchase Factory Purchase Unit Model Title License Number Year Make e tel Wgt Wgt Price Price Number Number 

1815DAAN48H656481 1995 INTL TK 2 D 10000 32700 \$19,745 \$19,745 12/26/2001 LAMP RECYCLERS OF LA INC 1.5 A5106718 P189445 FRIN/PIC: 721263485 U.S. DOT#: 0576630

Weight Group Totals: Number of Power Units: Vehicles in Weight Group: 1

Number of Buses: 0

D - Diesel G - Gas # - None
P - Propane A - Alternative -----Vehicle Type-----TT - Truck-Tractor CG - Converter Gear BS - Bus
TR - Tractor TK - Truck (Single) WR - Wrecker

#### international Registration Figure Renewal Schedule A

Fleet: 01

. Type----

D - Diesel G - Gas # - None P - Propane A - Alternative

License Year: 2009 Account: 14111

------Vehicle Type-----

Type: P Weight Group: 07 Jur Weight AL 46000 OK 46000 46000 46000 46000 MA 46000 KY 46000 LA 46000 AR BT. (÷A MO 46000 MS 46000 OH 46000 46000 TX 46000 SC 46000 46000 TN SAF Comb. Owner's Model p ale Unl /Gross Purchase Factory Purchase Year Make e tel Wgt Wgt Price Defense  $e \times n$ Mode1 Unit Title Lucense Number Date Name of Owner Number Number 4VIVDBRFORM670663 1994 WHEM TK 2 D 20000 46000 \$30,000 02/26/2004 INDUSTRIAL TRANSPORTS LLC 516 A6827810 P164867 PEIN/PIC: 721263485 U.S. DOT#: 0576630 Vehicles in Weight Group: Weight Group Totals: Number of Power Units: 1 Number of Buses: 0 Grand Total: Number of Power Units: Total Vehicles In Fleet: Number of Buses:

WR - Wrecker

#### International Regists alone Num Renewal Schedule B

Page: 5 9724:0008

Business Address (Where Records are Maintained)

Mailing Street Address

License Year Account No. Fleet No.

14111

0.1

LAMP RECYCLERS OF LA INC 11441 FONTANA LANE

P O BOX 2962

Person to Contact Regarding Application

Name: CHRISTY GILLLES HAMMOND, LA 70404-0000 Phone: (985) 878-3333

INDEPENDENCE, LA 70443-0000

A. Mark Est/Act with "E" for ESTIMATED distance and "A" for ACTUAL distance.

Carrier Type: P

в.	It a	jurisdiction/state	ıs required	on the ca	abcard mark	under prorate	X, to	r Yes or	. 11	tor N	olfa	jurisdiction	should be	removed
c.	List	distance for each	jurisdiction	in which	this fleet	traveled during	the	period 0	7/01/	2007	throug	n 06/30/2008.		

Est/	Pro-			Est/ P	ro-		Est/ P	ro-		
Aci	rate	Jurisdiction AK Alaska	Distance	Act r	ate Jurisdiction  MI Michigan	Distance		ate Jurisdiction Y TM Texas	Distance 15 <b>83</b> 0	
A	Ý	AL Alabama AR Arkansas AZ Arizona	8309 43954	A	MM Minnesota MO Missouri MS Mississippi	365 52272		VT Vermont		Canadian
		CA California CO Colorado CT Connecticut			NC North Caroli	la.	A :	WA Washington WI Wisconsin WV West Virginia	Ø	Operations Authority Number
Ā	<u> </u>	DC Dist. of Co DE Delaware FL Florida	166		NH New Hampshir	3	***********		oia	
Ā	<u>Y</u>	GA Georgia IA Iowa	2196	minutes and an analysis and an	NM New Mexico NV Nevada NY New York			NB New Brunswick		
Α	<u>y</u>	ID Idaho IL Illinois IN Indiana	B	A	Y OH Ohio OK Oklahoma	2547	**************************************	NL Newfoundland NS Nova Scotia NT N.W. Territory		
A	Ā	KS Kansas KY Kentucky LA Louisiana	1186		OR Oregon PA Pennsylvania RI Rhode Island			PE P. E. Island		
		MA Massachuset MD Maryland ME Maine		$\frac{\overline{A}}{\overline{A}}$	SC South Caroli SD South Dakota TN Tennessee	***************************************			У	
(Exp	lain		scope of your	operation cove	ring any estimated			Total Fleet Distance:	27731	5

I hereby declare that I have knowledge of the federal motor carrier safety regulations (49 CFR parts 382-383, 385-387, and 390-399) and if applicable, including highway related portions of the federal hazardous materials regulations (49 CFR parts 100-185) or compatible state rules, regulations, standard and orders applicable to motor carrier safety, including highway transportation of hazardous materials.

The undersigned, under oath swears under penalty of perjury that the information furnished in this application and the attached and that liability security tequired by law will be maintained on all vehicles listed on schedules are true and correct.

Title: Operations Mgv. Date: 1113/08