



# 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

March 23, 2009

Jim Ciolkosz  
Stericycle Specialty Waste Solutions Inc  
2850 100th Ct NE  
Blaine, MN 55449-5137

Re: Florida Hazardous Waste Transporter Approval

Dear Jim Ciolkosz:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Jim Ciolkosz  
March 23, 2009  
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If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Neves".

Richard Neves  
Hazardous Waste Management Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate  
Hazardous Waste Transporter Status Form (with insurance verification)  
Sections [62-730.170](#) and [62-730.171](#) , FAC



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## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Stericycle Specialty Waste Solutions Inc

FACILITY ID NO: MNS000110924

FACILITY ADDRESS: 2850 100th NE  
Blaine, MN 55449

INSURANCE CARRIER: ILLINOIS UNION INSURANCE CO

INSURANCE POLICY#: G24926916 001

EFFECTIVE DATE: November 08, 2008

EXPIRATION DATE: November 08, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Richard Neves* DATE: March 23, 2009

Richard Neves  
Hazardous Waste Management Section  
850/245-8755

Are your services commercially available? \_\_\_\_\_

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: STERICYCLE SPECIALTY WASTE SOLUTIONS INC.  
Transporter EPA ID: MNS 000 110 924  
Location Address: 2850 100TH COURT NE

Contact: JIM CIOKOSZ Telephone: 612-490-5224  
Mailing Address: 2850 100TH COURT NE  
BLAINE, MN 55449

II. Insurance Information:

Insurance Company: Illinois Union Insurance Co.  
Address: 436 Walnut St.,  
Philadelphia, PA 19106  
Contact: \_\_\_\_\_  
Policy Number: #G24926916 001  
Expiration date: 11/08/2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:  
SEE UST  
Comments: \_\_\_\_\_

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

JAMES A. CIOKOSZ DISTRICT MANAGER  
Print/Type Name Title  
[Signature] 2/19/09  
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 11/08/2011.  
Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 3/23/2009  
Signature of Florida Department of Environmental Protection Representative Date Signed

## FACILITY DOCUMENT LOG DETAILS:

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**Document Log ID: 5416**  
**Stericycle Specialty Waste Solutions Inc**

City: Blaine ,County: All FL Cntys ,Login Name: Null

**HWT : [jciolkosz@stericycle.com](mailto:jciolkosz@stericycle.com)**

Process	Date	Author
Logged	3/23/2009 8:25:00 AM	Sullivan_TA
Completeness Review	3/23/2009 4:26:30 PM	Noland_T
Data processing	3/23/2009 4:26:36 PM	Noland_T
Notification Letter Emailed	3/23/2009 4:47:19 PM	Noland_T
Booked into Oculus	3/30/2009 11:30:38 AM or	

[Add new process](#)

Date	Comment	Author
3/23/2009 4:26:30 PM	Called and spoke with Jim- different policy #'s on Certificate of Liability and ACCORD Form- He said that the policy # on the ACCORD Form is the Pollution Policy-he is revising his Cert. of Liability Insurance.	Noland_T
3/30/2009 11:18:06 AM	Received revised Certificate of Liability Form	Noland_T

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comment

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