



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 23, 2009

Robert Clarke
Environmental Products & Services of Vermont, Inc.
PO Box 315
Syracuse, NY 13204

BE IT KNOWN THAT

Environmental Products & Services of Vermont, Inc.
532 State Fair Blvd
Syracuse, NY 13204

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 **NYR000115733** on June 23, 2009
Insurance Carrier: **AMERICAN INTL SPECIALTY**

This registration will expire on 06/30/2010

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.

Aprilia Graves
Environmental Specialist IV
Hazardous Waste Regulation Permitting



**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

EPA ID **NYR000115733**

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide subsequent notification (to update status and facility identification information). **RENEWAL**
- ☐ Is this the final notification (see instructions) for the facility?

RECEIVED

APR 1 2009

BY: **DCLTW**

**2. Facility or
Business Name**

**ENVIRONMENTAL PRODUCTS & SERVICES
OF VERMONT, INC.**

FEID No.

030364761

**3. Facility Operator
(List additional
Operators in the
comments section).**

Name of Operator:

**ENVIRONMENTAL PRODUCTS & SERVICES
OF VERMONT, INC.**

☐ New Operator

Date became Operator: / /

mm dd yy

Street or P.O. Box:

P.O. BOX 315

Phone Number:

(315) 451-6666

City or Town:

SYRACUSE

State:

NY

Zip Code:

13209

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

532 STATE FAIR BOULEVARD

City or Town:

SYRACUSE

State:

NY FL

Zip Code:

13204

County:

Choose **ONONDAGA**

If available, please attach a map or sketch of the facility

boundaries. **(NA) OUT OF STATE TRANS.**

Latitude:

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Longitude:

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Method:

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**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

562910

B.

562112

C.

562119

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

P.O. BOX 315

City or Town:

SYRACUSE

State:

NY

Zip Code:

13209

**7. Facility or
Business Contact
Person**

First Name:

ROBERT

Last Name:

CLARKE

Title:

**ENVIRONMENTAL
MANAGER**

Phone Number:

(315) 451-6666

Extension:

234

E-Mail:

bclarke@epsotvermont.com

Street or P.O. Box:

P.O. BOX 315

City or Town:

SYRACUSE

State:

NY

Zip Code:

13209

**8. Real Property
(Land) Owner
of the Facility's
Physical Location
(List additional
real property owners
in the comments
section.)**

Name of Real Property (Land) Owner:

**NA → OUT OF STATE TRANSPORTER
ONLY!**

☐ New Owner

Date became Owner: / /

mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

Initials

State:

Zip Code:

Date

Owner Type: ☐ Private

☐ Federal

☒ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply): (NOT APPLICABLE - OUT OF STATE

A. Hazardous Waste Activities:

TRANSPORTER ONLY)

For Items 2 through 7, mark 'X' in all that apply.

(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 (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

(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management 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 HAYLER, FREYER & CO., INC.Address 231 SALINA MEADOWS PARKWAY
SYRACUSE, NY 13221Contact CAROL MICALIFFE Telephone (315) 451-1500Policy Number SEE ATTACHED RECORD Expiration date 01/1/2009INSURANCE CERTIFICATEd. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: NOT APPLICABLE Storage Volume _____☐ Initial notificationNO FLORIDA FACILITY LOCATION

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time): NOT APPLICABLE

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated "OUT OF STATE" TRANSPORTER ONLY
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ (NA) Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ (NA) Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☒ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center(3) ☐ Used Oil Processor (A permit is required for this activity.)(4) ☐ Off-Specification Used Oil Burner(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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.

Robert T. Clarke

Signature of Authorized Person

ROBERT T. CLARKE Env. Manager

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. NYR 000 115 733

D. Other State Regulated Waste Activities:

☐ Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply): NOT APPLICABLE OUT OF STATE TRANSPORTER ONLY**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ C. Property Tax Default☐ D. Petition for Bankruptcy Protection**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
<u>Robert T. Clark</u>	<u>ROBERT T. CLARK Environmental MANAGER</u>	<u>3/20/09</u>

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

Annual Report by Used Oil and Used 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 Section A, Box 5 below]
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: ENVIRONMENTAL PRODUCTS & SERVICES 2. Telephone No. (315) 451-6666
OF VERMONT, INC.
Site Address: 532 STATE FAIR BUILDING, SYRACUSE NY 13204
3. EPA ID No. NYR 000 115 733

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) ROBERT T. CLARKE
Title ENVIRONMENTAL MANAGER Phone number (if different from #2, above) () (NA)

5. Type of operation (check as many as apply to your operations)

Used Oil ☒ Transporter o Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer

o Burner (of off-specification used oil)

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

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	0	
3. Total number of used oil filters to manage (1 plus 2).....	0	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	0	
d. TOTAL.....	0	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebreana.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2009

PRODUCER Phone: 315-451-1500
Haylor, Freyer & Coon, Inc.
231 Salina Meadows Parkway
P.O. 4743
Syracuse NY 13221

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
Environmental Products and Services of
Vermont Inc.
532 State Fair Blvd
Syracuse NY 13204

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER A: American International Special 26883
INSURER B: Commerce & Industry Insurance 19410
INSURER C: American International Group,
INSURER D: Great American
INSURER E: Commerce and Industry Insuran

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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PROP2448903	6/1/2008	6/1/2009	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA1570285	6/1/2008	6/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	PROU1570290	6/1/2008	6/1/2009	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Yes If yes, describe under SPECIAL PROVISIONS below	WC5313608	6/1/2008	6/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D		OTHER	MAC2791878	6/1/2008	6/1/2009	\$250,000 Ded \$1,000
A		Leased & Rented Equipment	PROP2448903	6/1/2008	6/1/2009	\$1,000,000 Ded \$25,000
E		Pollution Liability OCP	GL7490442	9/23/2008	6/1/2009	\$1,000,000

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

Professional Liability Policy, Policy Period 06-01-08/09, Limit \$1,000,000, DED \$25,000.
Pollution Liability deductible \$25,000. Per Project Aggregate applies to General Liability and Pollution. Certificate Holder shown below is listed as an additional insured as respects General Liability. Pollution Liability includes Asbestos Abatement.

Florida Dept. of Environmental Protection is named as additional insured.

CERTIFICATE HOLDER

Florida Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee FL 32399

CANCELLATION 30

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

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.

Halogen Screening Procedure:

To ensure that used oil is not a hazardous waste under the rebuttable presumption of 40CFR 279.10(b)(1)(ii) a used oil transporter must determine whether the total halogen content of the used oil being transported is above or below 1000ppm. To make this determination a transporter must either

- Test the used oil or
- Apply knowledge of the halogen content of the used oil in light of the materials or processes used

If the halogen content of the waste cannot be determined by applying knowledge of the waste, Environmental Products & Services of Vermont, Inc will employ a halogen screening method to determine the total halogen content of the used oil prior to pickup of any used oil.

The test kits utilized by Environmental Products & Services of Vermont, Inc to determine if a used oil/used oil mixtures have a total halogen greater than or equal to 1000ppm will depend on the type of used oil waste to be transported. The three halogen screening kits that are to be utilized depending on the type of used oil waste encountered are as follows:

Used Oil/Used oil Mixtures (less than 70% water):

Chlor-D-Tect 1000 Test Kit (Manufactured by the Dexsil Corporation) will be utilized to screen in coming bulk loads that contain less than 70% water. The test kit conforms to the EPA SW-846 Method 9077 Test method for total chlorine in new and used petroleum products as well as the ASTM Method D5384-95 Standard test method for chlorine in used petroleum products. The test kit can determine the presence of halogens greater than or equal to 1000ppm total halogens.

Used Oil/Used Oil Mixtures (greater than 70% Water):

Hydrochlor-Q 1000 Test Kit (Manufactured by the Dexsil Corporation) will be utilized conforms to screen in coming bulk loads that contain greater than 70% water. The test kit can determine the presence of organic chlorine (chlorinated solvents) in waste water and oil/water mixtures from 200 to 4000ppm.

Dielectric/transformer oils:

Chlor-N-Oil Test Kit (Manufactured by the Dexsil Corporation) will be utilized to determine the presence of PCB's in incoming bulk loads of dielectric or transformer oils. The test kit is capable of detecting PCB's in oil at the 20, 50, 100 and 500 ppm level and conforms to the EPA SW-846 method 9079

When test results show halogens in the used oil to be equal to or greater than 1000ppm the used oil product will not be loaded or transported until further analytical testing has been completed to rebut the presumption that the used oil is not mixed with hazardous waste.

532 State Fair Boulevard
Syracuse, NY 13204
Website: www.epsofvermont.com



PHONE: (315) 451-6666
FAX: (315) 457-6652
1-800-THETANK

March 23, 2009

Department of Environmental Protection
P.O. Box 3070
Tallahassee, FLA 32399-2400

Re: Used Oil and Oil Filter Handlers Renewal Application &
Hazardous Waste Transporter Registration Renewal Application
Environmental Products & Services of Vermont, Inc
Current Registration #: NYR000115733

Dear Sirs,

Attached to this letter you will find a completed renewal application for the above referenced used oil transporter & hazardous waste transporter. The renewal applications are being submitted at the same time due to renewal applications utilizing the same form and being due at approximately the same time frame.

A check for \$100.00 has been included with this letter for the Used Oil/Oil Filter renewal registration application fee.

A copy of our current ACORD Insurance Certificate has been included with this application package per your requirement. It should be noted that our insurance coverage runs from June 1, 2008 through June 1, 2009. Upon receipt of the new Insurance form which will be issued on June 1, 2009 we will send you the new insurance form so you may complete the renewal process

Also included in this package is a description of Environmental Products & Services of Vermont, Inc's Halogen Screening Procedure for your review.

Should you have any questions on this renewal application submittal please contact me at 315-451-6666.

Sincerely,

Robert T. Clarke
Environmental Manager
EPS of VT, Inc