

# 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 26, 2009

Chris Ricci Rickys Oil Service Inc PO Box 669295 Miami, FL 33166- 9430

#### **BE IT KNOWN THAT**

Rickys Oil Service Inc 7209 Nw 66th St Miami, FL 33012

### IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Processor, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C) The Department of Environmental Protection hereby issues Registration Number **FLD981019755** on June 26, 2009

#### 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.

who graves

Aprilia Graves Environmental Specialist IV Hazardous Waste Regulation Permitting

FLORIDA	RE DEP W	FL - FLORIDA NOT GULATED WASTE A /aste Management Division	ACTIVITY -HWRS, MS4560	apr 3		Date R of FDEP Off	eceived icial Use Only)
FLORIDA	(850) 245-8772						
EPA-ID-FLD	98101	9 7 5 5	MTS				hutials.
	Mark 'X' in correct box:       To provide initial notification (to obtain an EPA ID Number for hazardous)         waste, universal waste, or used oil activities).         X       To provide subsequent notification (to update status and facility identification information).         Is this the final notification (see instructions) for the facility?						
2. Facility or Business Name	ility or FEID No.					4 5 5 7 6	
<b>3. Facility Operator</b> (List additional Operators in the	Name of Operator	: CHRIS RICCI			Oper: came (	Operator:	/ /1952 nm dd yy
comments section).	Street or P.O. Box: PO BOX 669295				Phon	e Number:	305-822-2253
	City or Town:	ΜΙΑΜΙ		State:	FL	Zip Code:	33166-9430
	Operator Type: [				<del></del>	ſ	
Location	Physical Street Address: 7209 NW 66 S				ST		
	City or Town:	MIAMI		State:	FL	Zip Code:	33166-3007
	<sup>County:</sup> Dade		lf available, plea boundaries.	ase attac	h a ma	p or sketch	of the facility
	Latitude:      d d	2   5   15   0 . 0503   Longi mm ss.ssss	tude:       8   0   d d m m	1 <u>8</u> .8		Method: Datum:	
5. Facility North Am Classification Syst	•	A. 5622	19	В.		<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
Classification Syst		C.		D.			
6. Facility or Business Mailing	Street Address or	P.O. Box:	PO E	BOX 66	9295		<u></u>
Address	City or Town:	MIAMI		State:	FL	Zip Code:	33166-9430
7. Facility or Business Contact	First Name:	CHRIS	Last Name:	RICCI		Title: F	President
Person	Phone Number:	305-822-2253	Extension: 103	E-Mail:		chris@rick	ysoil.com
	Street or P.O. Box: 7209 NW 66 St						
	City or Town:	MIAMI		State:	FL	Zip Code:	33166-3007
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: CHRIS RICCI		□ New Owner Date became Owner:// 1952 ddyy				
Physical Location (List additional	Street or P.O. Box	. 669	9295		Phon	e Number:	305-822-2253
real property owners in the comments	City or Town:	MIAMI		State:	FL	Zip Code:	33166-9430
section.)	Owner Type: Private Federal Municipal State Other						

DEP Form 62-730 900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2, F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No. FLD981019755			
9. Type of Regulated Waste Activity (Mark 'X' in all that apply):				
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.			
(1)-Generator of Hazardous Waste	(2)-Treater, Storer, or Disposer of Hazardous Waste			
(Choose only one of the following three categories.)	(at your facility) Note: A hazardous waste permit may be required for this activity.			
<ul> <li>a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or</li> </ul>				
greater per month (kg/mo) (2,200 lbs.) of <i>non-acute</i>	<ul> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-commercial TSD</li> </ul>			
hazardous waste; or Greater than 1 kg (2.2 lbs)	c. Non-operating: Postelosure or Corrective Action			
of acute hazardous waste	Permit or Consent Order (HSWA, etc.)			
b. Small Quantity Generator (SQG):	(3) Becycler of Hazardous Waste (at your facility) Specify: Commercial: Non-Commercial.			
Generates in any calendar month greater than	A permit is required for storage prior to recycling.			
100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of <i>non-acute</i> hazardous waste and/or 1 kg				
(2.2 lbs) or less of <i>acute</i> hazardous waste	a. Small Quantity On-site Burner Exemption			
	b. Smelting, Melting, and Refining Furnace Exemption			
c. Conditionally Exempt SQG (CESQG):	(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management			
Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg	activity ONLY if you attach EITHER a copy of your application			
(2.2 lbs) or less of <i>acute</i> hazardous waste	for such authorization OR the authorization you received from FDEP.			
In addition, indicate other generator activities that apply.				
d. United States Importer of hazardous waste	(6) 🔲 Underground Injection Control - Mark an 'X' even if the			
e. Mixed Waste (hazardous and radioactive) Generator	UIC well at your facility does not receive hazardous waste.			
(7) Transporter of Hazardous Waste Note: A Certific Registration must be renewed annually.	cate of Liability Insurance is required along with this registration.) we waste only $\Box$ b. For commercial numbers			
c. Hazardous Waste Transporter Insurance Inform				
Insurance Company				
Address				
Contact	Telephone			
Policy Number	Expiration date			
d. Transportation Mode 🗌 Air 🗌 Rail 🗌 Highw	vay 🗌 Water 🗌 Other - specify			
e. 🔲 Hazardous Waste Transfer Facility:	Storage Volume			
Initial notification				
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 $(1, 2)$ contains a function of the transporter that the proposed location satisfies the $(1, 2)$ contains a function of the transporter that the proposed location satisfies the $(1, 2)$ contains a function of the transporter that the proposed location satisfies the $(1, 2)$ contains a function of the transporter that the proposed location satisfies the $(1, 2)$ contains a function of the transporter that the proposed location satisfies the proposed location satisfies the proposed location satisfies the proposed location of the transporter that the proposed location satisfies the propo				
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.]				
$\square$ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)3., 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				

	EPA ID No. FLD981019755		
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ('	"accumulated" means at any one time):		
Large Quantity Handler (LQ11) = 5,000 kg (11,000 lb) or more c	of any combination of UW accumulated		
Small Quantity Handler (SQH) – always less than 5,000 kg accu	imulated		
<ul> <li>Mercury-containing devices LQH = 100 kg (220 lb) or more according</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	ps) or more accumulated by for-hire handler		
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)]			
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated		
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated		
Pharmaceuticals SQII = always less than 5,000 kg of UPW and a	always 1 kg or less of acutely hazardous UPW accumulated		
(1) For those Managing Generate/ Transport Accumulate Instructions Facility	(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			
b. Pesticides			
c. Pharmaceuticals			
d. Mercury Containing Devices			
e. Mercury Containing Lamps			
(3) Mercury Recovery and/or Reclamation Facility	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 activity storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.		
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) Subset 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		
	demonstrated by the attached Used Oil Transporter Certificate of		
(4)	demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.		
(5) 🗵 Used Oil Fuel Marketer			
<ul> <li>(5)</li></ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C.		
<ul> <li>(5) I Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter</li> <li>I a. Transporter</li> <li>D. Transfer Facility</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C.		
<ul> <li>(5)  Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter</li> <li>A. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C.		
<ul> <li>(5) I Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter</li> <li>I a. Transporter</li> <li>D. Transfer Facility</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C.		
<ul> <li>(5)  Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter</li> <li>A. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C.		
<ul> <li>(5)  Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter <ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> <li>d. End User</li> </ul> </li> <li>(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person CHRIS RICCI Print Name of Authorized Person		
<ul> <li>(5)  Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter <ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> <li>d. End User</li> </ul> </li> <li>(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</li> </ul>	Liability Insurance. DEP form 62-710.901(4), F.A.C. Signature of Authorized Person CHRIS RICCI Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510,		
<ul> <li>(5)  Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter <ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> <li>d. End User</li> </ul> </li> <li>(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100</li> </ul>	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person CHRIS RICCI Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):		
<ul> <li>(5) S Used Oil Fuel Marketer</li> <li>(6) Used Oil Filter <ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> <li>d. End User</li> </ul> </li> <li>(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 <ul> <li>registration fee. Used Oil Processors are exempt from this fee. If <ul> <li>applicable, enclose a check or money order, in the amount of \$100,</li> </ul> </li> </ul></li></ul>	Liability Insurance. DEP form 62-710.901(4). F.A.C. Signature of Authorized Person CHRIS RICCI Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510,		

EPA ID No. FLD981019755						
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						
	ist them in the order the transporters list cod					re needed.
/	- -	3	4	5	6	
x	u .	10	11	12	13	1.1
15	/6	1*		19	20	27
22	2.3	24	25	.?6	2.	28
11. Other St	atus Changes (Ma	rk 'X' in all that a	pply):			
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         D. Petition for Bankruptey 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, c representative		P	rint Name and T	itle	Date Signed (mm-dd-yyyy)
Ch,	Vhice		CHRIS RICCI			
				1917 1		
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:						
(Name of perso	on completing this for	m)	(Phone Number)		(E-mail Address)	
13. Comments: For halogen testing: We use sniffers & dexsil kits before picking up the oil.						



Department of Environmental Protection FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

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

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: Ricky's Oil Service, Inc. 2. Teleph	one No. ( <u>305_)_8</u>	22- 2253		
Site Address:PO Box 669295 Miami, Fl 33166-9430				
	ID No. 981	019 755		
o Check box if any of the above items (1-3) have changed since your last registration				
Title <u>President</u> Phone number (if different from #2	, above) ()	······································		
<ul> <li>5. Type of operation (check as many as apply to your operations)</li> <li>Used Oil: A Transporter Transfer Facility Collection Center/Aggregation Point o Processor</li> <li>o Burner (of off-specification used oil)</li> <li>Used Oil Filter: Transporter</li> <li>Transfer Facility</li> <li>Processor</li> <li>O</li> </ul>	or o Marketer 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       Automotive       Industrial         a. In Florida       1,451,237.30       170,733.80         b. From out of state       Industrial	Mixed 85,366,90	Total 1,741,338.00		
c. Beginning Inventory		34,543		
<b>d.</b> Total (sum of totals from Lines $\mathbf{a} + \mathbf{b} + \mathbf{c}$ )		1,741,881.00		
	·· · · <u>_</u>			
	In State	Out of State		
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	1,330,000			
F - Marketed as an off-specification used oil fuel	40,066			
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	238,000			
Incinerated	27,280			
3. Total amount (in gallons) of used oil managed	1,635,346			
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)	106,535			

Page 1 of 2

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	20,500.		
2. Number of used oil filters collected	670,250.		
3. Total number of used oil filters to manage (1 plus 2)	690,750.		
<ul> <li>4. Disposition of used oil filters collected:</li> <li>a. Transferred to another registered facility</li> </ul>	0.		
b. Burned for energy recovery at a Waste-To-Energy facility	0.		
c. Transferred directly to a metal foundry for recycling	653,000.		
<b>d.</b> TOTAL	653,000.		
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	17,250.		
6. Gallons of used oil collected as a result of filter processing	13,000.		
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 <b>55</b> -gallon drum of <b><u>crushed</u> used oil filters = approximately <u>400</u> used oil filters</b>
One <b>55</b> gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One <b>ton</b> of drained used oil filters = approximately <u>2,350</u> 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: <a href="mailto:sebrena.bolton@dep.state.fl.us">sebrena.bolton@dep.state.fl.us</a>, OR Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>

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FROM : RICKYS DIL SERVICE

To: Ricky's Oil Service Inc FAX ND. 325588728202

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Mar. 18 2009 02:57PM P2

Department of Environmental Protection FDEP MS 4550 2000 Biair Stone Road Tallahassae, Florida 32399-2400
Certificate of Liability Insurance Used Oil Transporters
1. State Farm Ins., (the insurer), <u>1401</u> Cypress Gardens Blvd. (Name of the insurer) Winter Haven, FL
hereby certifies that it has issued liability insurance to: <u>RICKY'S OF Service The</u> (the insured), (Name of the insured)
P.D.BOX 669295 whose EPA Identification number is FLD#981-09-755
(Address of the insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form] The insurance is primary and the company shall be liable for amounts up to \$ <u>1,000,000</u> less the deductible or
retention of \$ N/A for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the insured.
This coverage is provided under policy number $026 - 9925$ , issued on $2 - 1 - 09$ .
The expiration date of said policy is $\frac{\$-1-D9}{(Date)}$ or the annual renewal date is $\frac{\$-1-D9}{(Date)}$ .
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
a. Banknuptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer.
c. Whenever requested by the Secretary (or designee) of the Floride Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.
I hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.
(Signature of Authorized Representative)
Guy Brickman State Farm Ins
(Type Namle) <u>Agent</u> (Name of insurer) <u>Agent</u> (Name of insurer) <u>IIo9169</u> <u>NW 167</u> <u>Autt100</u> <u>Hami</u> <u>FL3</u> 3015 (Address of Representative)
Page 1 of 2

Lupe Padilla FROM : RICKYS OIL SERVICE

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To: Ricky's Oil Service Inc FAX ND. 30258872900

Mar. 18 2009 02:57PM P2

ELORIDA     Department of Environmental Protection     FDEP MS 4550 2000 Blair Stone Road Tallahassee, Florida 32386-2400     DEP form HS2-710,991/0     Lings & 7000 High Insurance     Lings & 7000 High Insurance     Structure Data     Lings & 7000     Lings & 7000     Lings & 7000				
Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form Fill D. C. Lassocce (as edung Plud				
1. <u>State Farm Ins.</u> (the insurer), <u>7401 Cypress Gardens Blud</u> . (Name of the insurer) Winter Haven, FL hereby certifies that it has issued liability insurance to: <u>Ricky's Oi (Service The</u> (the insured). (Name of the insured) <u>P.D.BOX 669295</u> whose EPA identification number is <u>FLD#981-09-755</u>				
(Address of the Insured) This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Fiorida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]				
The insurance is primary and the company shall be liable for amounts up to $\frac{1000,000}{100,000}$ less the deductible or retention of $\frac{NA}{A}$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,				
its amount may not exceed 10% of the equity of the insured. This coverage is provided under policy number $\underline{026} - \underline{9926}$ , issued on $\underline{2-1-09}$ . The expiration date of said policy is $\sqrt[3]{-1-09}$ or the ennuel renewel date is $\sqrt[3]{-09}$ .				
(Date) (Date) 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:				
<ul> <li>Bankruptcy or Insolvency of the insured shall not relieve the insurer of its obligations under this policy.</li> <li>The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.</li> </ul>				
<ul> <li>c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.</li> <li>d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of theirs (30) days after a copy</li> </ul>				
of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt. e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.				
I hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insure, in one or more States, including Florida.				
(Signature of Insurer or Authorized Representative) <u>Guy Brickman</u> (Type Name) Agent Ulgha Niel II Are #IM Urgm F13925				
(Title) J (O'IIO'I IVU G III) (O'III) (O'IIO'I) (Title) J (Address of Representative) Page 1 of 2				

Mar. 18 2009 02:57PM P2

Certificate of Liability Insurance
Poor nuis
Certificate of Liability Insurance Used Oil Transporters Press Print or Type Form
1. State Farm Ins., (the Insurer), <u>7401 Cypress Gardens Blud</u> . (Name of the Insurer) Winter Haven, FC
Dealer Contractor
(Name of the Insured)
P.D.BOX 669295 whose EPA Identification number is FLD#981-09-755
(Address of the Insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$NA for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.
This coverage is provided under policy number $0.26 - 9.927$ , issued on $2 - 1 - 09$ .
The expiration date of said policy is $8 - 1 - 09$ or the annual renewal date is $8 - 1 - 09$ . (Date) (Date)
2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.
I hereby cartify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insure, in one or more States, including Florida.
Signature of Authorized Representative)
Guy Brickman State Farm Ins
(Typo Namle) (Name of insurer) Agent Ulg9/A NW 107 ALL#IM HIAMI F1330
(Address of Representative)
(Title) V (Address of Representative) V Page 1 of 2

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To: Ricky's Oil Service Inc FAX ND. : 3258872820

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Mar. 18 2009 02:57PM P2

•	PLEP MS 4050 2000 Bistr Stone Road Tablehasase, Florida 22399-2400				
	Certificate of Liability Insurance Used Oil Transporters				
1.	State Farm Ins. (the Insurer), <u>7401 Cypress Gardens Blud</u> . (Name of the Insurer) Winter Haven, FC hereby certifies that it has lasted liability insurance to: <u>RICKY'S OI (Service The</u> (the Insured), (Name of the Insured) P.D.BOX 6/09295 whose EPA (certification number is FLD#981-09-755				
	(Address of the Insured)				
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida				
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]				
	The insurance is primary and the company shall be liable for amounts up to $\frac{1000,000}{1000}$ less the deductible or retention of $\frac{1000}{1000}$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,				
	its amount may not exceed 10% of the equity of the Insured.				
	This coverage is provided under policy number $026 - 992Y$ , issued on $24 - 09$ .				
	The expiration date of said policy is $\underbrace{\$ - 1 - 09}_{\text{(Date)}}$ or the annual renewal date is $\underbrace{\$ - 1 - 09}_{\text{(Date)}}$ .				
2.	The insurer further certifies the following with respect to the insurance described in Paragraph 1:				
	a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.				
	b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimburaement by the insured for any such payment made by the Insurer.				
	c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to turnish to the Department a signed duplicate original of the policy and all endorsements.				
	d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewed), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by cartified mail return receipt.				
	e. The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.				
	i hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or supplus lines insurer, in one or more States, including Florida.				
7	Authorized Representative of				
-(	Signifiture of mouliner or Authorized Representative) Guy BRICKman State Farm Ins				
7	Type Name of Insurer) (Name of Insurer)				
7	HOLD (1091A NW 67 HU #10) 410M1 H 3305 (Address of Representative)				
ſ	race) V (Address of Representative) Page 1 of 2				

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To: Ricky's Oil Service Inc

4/1/2009 12:30:54PM page 9 01 14

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*auna ◆	-	
FROM : RICKYS BIL SERVICE	FAX ND. : 3058972800	Mar. 18 2029 02:57PM P2
Donorth	ent of Environmental Prot	action DEP Form R2-710-991141
FDEP MS 48	60 2000 Blair Stone Road Telishassee, Florida	
FLORIDA		
		<u>_</u>
Cer	tificate of Liability Insura	
	Used Oil Transporters	nce Poor Original
GLIE THE	Please Print or Type Form	Large Gazed and Plud
1. STATE (Arm 115, (Name of the insurer)	, (the insurer), <u>7701</u>	101855 Gardens Blud. Insuren Winter Haven, FL
hereby certifies that it has leaved liability		<u>ervice The (the insured).</u>
	(Name of the Insure	d)
P.O. BOX 669295	whose EPA loendifi	ication number is FLD#981-09-755
(Address of the Inst		
-	's obligation to demonstrate the financial r	
	e). [See page 2 on the back side of this F	_
The insurance is primary and the compa	ny shall be liable for amounts up to \$	000,000 less the deductible or
retention of \$ N/A for	each accident exclusive of legal defense (	costs. If a deductible or retention is applied,
its amount may not exceed 10% of the e	quity of the Insured.	
This coverage is provided under policy n	umber 039 ~1843	sued on $2 - 9 - 09$
The expiration date of said policy is	8-9-09 or the annual renews	
The criminant date of sale bally is	(Date)	(Date)
2. The Insurer further certifies the following	with respect to the insurance described in	Paragraph 1:
a. Bankruptcy or insolvency of the insure	ed shall not relieve the insurer of its obliga	tions under this policy.
b. The insurer is liable for the payment t	rf amounts within any deductible applicabl	e to the policy, with a right of reimbursement
by the insured for any such payment ma		
	(or designee) of the Florida Department	
-	ent a signed duplicate original of the policy	
expiration or non-renewal), will be effect	r by the insurer or the insured or by any o ve only upon written notice and only after i	the expiration of thirty (30) days after a copy
of such written notice is received by the	Secretary of the FDEP as evidenced by ce	rttiled mail return receipt.
		ainst the insured for claims resulting from such termination shall not affect the ilability of
		occur during the time the policy is in effect.
		religible to provide insurance as an excess or
supplus lines insuder, in one or more Sta	tes, Including Florida.	
(Signature of Insurer or Authorized Represe		ad Representative of
Guy BRICKMAN	State	2. Farm this
(Type Name)	(Name of	Insurer)
Hgent	16969 NW 67	He#10 HIAMI H 33015
(Title) V	(Address of Representative) Page 1 of 2	) _ {
		<b>.</b>

To: Ricky's Oil Service Inc

FAX ND. 3058872800

Mar. 18 2009 02:57PM P2

S. M. S.	VICE AND A	
	Y.	

Department of Environmental Protection FDEP MS 4550 2600 Blair Store Road Tallahassas, Florida 32399-2400

-2400 Silvestive Contraction of Lisbeity Ins. -2400 Silvestive Contraction of Lisbeity Ins.

DEP Form #82-710.901(4)

	Certificate of Liability Insurance
	Used Oil Transporters Please Print or Type Form
1.	State tarm Lhs, (the insurer), 1401 apress bardens Blue.
	(Name of the insurer) (Address of the insurer) Winter Haven, HC
	hereby certifies that it has lasued liability insurance to: <u>RICKY'S OI (Service Inc.</u> (the insured), (Name of the insured)
	P.O. BOX 669295 whose EPA Identification number is FLD#981-09-755
	(Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$ 1.000,000 less the deductible or
	retention of \$ N/A for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
	This coverage is provided under policy number $081 - 8234$ , issued on $2 - 1 - 09$ . (Date) $8 - 1 - 09$
	The expiration date of said policy is <u>0101</u> or the annual renewal date is <u>010</u>
	(Date) (Date)
2.	The insurer further certifies the following with respect to the insurance described in Paragraph 1:

a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.

b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insurer.

c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

d. Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewel), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by cartified mail return receipt.

e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or supplus lines insurfir, in one or more States, including Florida.

(Signature of Instree or Authorized Representative)	Authorized Representative of
(Signature of Insurer or Authorized Representative)	$\alpha   r + $
OuyBrickman	State farm Ins
(Type Nante)	(Name of insurer)
Agent	110969 NW 107 Are #100 HIAMI H 33015
(Title) J	(Address of Representative) Page 1 of 2

To: Ricky's Oil Service Inc FAX ND. : 3058872800

Department of Environmental Protection FDEP MS 4550 2800 Blair Stone Road Taliahassee, Florida 32398-2400
Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form
1. <u>State Farm Ins.</u> , (the insurer), <u>1401 Cypress Gardens Blvd</u> . (Name of the insurer) Winter Haven, FC hereby certifies that it has issued iiability insurance to: <u>RICKY'S Oi (Savice Trc</u> (the insured), (Name of the insured).
P.D.BOX 669295 whose EPA Identification number is FLDH981-09-755 (Address of the Insured) (Address of the Insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form] The insurance is primary and the company shall be liable for amounts up to \$ <u>1,000,000</u> less the deductible or retention of \$ <u>NA</u> for each accident exclusive of legal defense costs. If a deductible or retention is applied,
This coverage is provided under policy number $1658784$ , issued on $2-1-09$ . The expiration date of said policy is $8-1-09$ or the annual renewal date is $8-1-09$ .
(Date) (Date) (Date) 2. The insurer further cartifies the following with respect to the insurance described in Paragraph 1: a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer. c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
e. The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect. I hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or
Supplus lines insurer, in one or more States, including Florida. <u>Authorized Representative</u> (Signature of Insurer or Authorized Representative) (21111 RALL/MARN State Face to S
(Type Narrie) (Type Narrie) Agent (Title) (Title) (Title) (Title) (Name of Insurer) (Name of Insurer) (Name of Insurer) (Name of Insurer) (Name of Insurer) (Address of Representative)
Page 1 of 2

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FROM RICKYS DIL SERVICE

To: Ricky's Oil Service Inc

FAX NO. 3058872800

Mar. 18 2009 02:57PM P2

Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tatabassee, Florida 32399-2400
Certificate of Liability Insurance
Used Oil Transporters Please Print or Type Form
1. State Farm Ins. (the insurer), <u>17401 Cypress Gardens Blud</u> . (Name of the insurer) Winter Haven, FL hereby certifies that it has issued liability insurance to: <u>RICKY'S OI (Service Trc</u> (the insured).
(Name of the insured) P.D.BOX 669295 (Address of the insured) (Address of the insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
The insurance is primary and the company shall be liable for amounts up to \$_1,000,000 less the deductible or
retention of \$ N/A for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.
This coverage is provided under policy number $229 - 2854$ issued on $24 - 09$ (Date) $91 - 09$
The expiration date of said policy is $8 - 1 - 09$ or the annual renewal date is $8 - 1 - 09$ (Date) (Date)
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer.
c. Whenever requested by the Secretary (or designee) of the Floride Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
e. The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurance the insurance described herein, but such termination shall not affect the liability of the insurance the insurance described herein, but such termination shall not affect the liability of the insurance described herein, but such termination shall not affect the liability of the insurance described herein, but such termination shall not affect the liability of the insurance described herein, but such termination shall not affect the liability of the insurance described herein.
I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.
(Signifure of Insurer or Authorized Representative)
Guy Brickman State Farm Ins
(Type Namle) (Name of Insurer) ADDAL
(Title) (Address of Representative)
Page 1 of 2

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FROM : RICKYS OIL SERVICE

To: Ricky's Oil Service Inc

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		Department of		tal Protection hassee, Florida 32398-2400	DET Form 952-710.30114) Form Title Cardificate of Linksity Insurance, Lined Cit Transportune Editative Cardificate of 2008
	RIDA		e of Liability d Oll Transp		Poor Original
1. <u>Sta-</u> (Name)	te Farm -	<u>ns.</u>	Please Print or Type $\overline{P}_{0}$ , (the insurer), $\frac{47}{(A)}$	tol Cupress (	Oardens Blud. Winter Haven, FL
hereby (		s issued liability insurance $(69295)$	(Namb (	5 Oi Service The of the Insured) EPA Identification numbe	(the Insured), r is_FLD#981-09-755
	•	with the insured's obligation of the second state of the second st		_	equired by Florida
The ina	1110				) less the deductible or ductible or ductible or retention is applied,
This co	•	ed 10% of the equity of the d under policy number $\underline{4}$ id policy is $\underline{4}$ (Dat	<u>364 - 346</u> - <u>09</u> or the an	5, issued on( inual renewal date is(	2-7-08 Date) Date)
		ies the following with resp			
b. The	Insurer is liable :	ncy of the insured shall n or the payment of amount ich payment made by the	s within any deducti	. –	Is policy. 7, with a right of reimbursement
c. Whe Insurer	enever requested agrees to furnisi	by the Secretary (or design to the Department a sign	nee) of the Florida i ed duplicate original	Department of Environment of the policy and all endo	ntal Protection (FDEP), the rsements.
expirat	ion or non-renew	surance, whather by the is al), will be effective only up neceived by the Secretary	pon written notice ar	d only after the expiration	of thirty (30) days after a copy
accide	nts which occur a	for the termination of the	Insurance described	herein, but such terminal	ared for claims resulting from ion shall not affect the liability of the time the policy is in effect.
		insurer is licensed to trans one or more States, Includ		insurance, or eligible to pr	ovide insurance as an excess or
(Signature	<u>ULDIA</u> BRICKA	thorized Representative)		Authorized Represents State Farm	ative of this sector to the se
(Type Nat AQ			10969	(Name of Insurer) NW 67 ALL#	=100 Hiami Fl 33015
(Title) J			(Address of Re Page 1 of 2	presentative)	i

FRUM RICKYS BIL SERVICE

FAX ND. JUSBE 72800

Dir Hann H<u>2-710,93111)</u> Form This <u>Cartificate of Lieblity</u> Internation. Lined Oil Transconters Millionive Carte June 8, 2005

Poor Original

# Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

(c) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2800 Blair Stone Road, Tallehassee, FL 32399-2400, Phone (850) 245-8754, email: <u>sebrens.bolton@dep.state.fl.us</u>, OR Phone (850) 245-8755, email: aprilia.grav.cc@dep.state.fl.us

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To: Ricky's Oil Service Inc FAX ND. : 30958872800

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	FLORIDA Department of Environmental Protection FDEP MS 4550 2600 Bisir Store Road Tallehassee, Florida 32399-2400
	Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form
1.	State Farm Ins. (the insurer), 17401 Cypress Gardens Blud. (Name of the insurer) (Address of the insurer) W. oter Haven, FL
	hereby certifies that it has issued liability insurance to: <u>RICKY 3 OI (Service The Insured)</u> , (Name of the Insured)
	P.D.BOX 669295 whose EPA Identification number is FLD#981-09-755
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be fiable for amounts up to \$ 1,000,000 tess the deductible or
	retention of \$ N/A for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the Insured.
	This coverage is provided under policy number <u>693-7459</u> issued on <u>2-1-09</u>
	The expiration date of said policy is $8 - 1 - 09$ or the annual renewal date is (Date) $8 - 1 - 09$ (Date)
2.	The insurer further certifies the following with respect to the insurance described in Paragraph 1:
	a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
	b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer.
	c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
	d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by cartified mail return receipt.
	e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.
	i hereby certify that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines igsurer, in one or more States, including Florida.
	Authorized Representative of
(5	Suy BRICKMAN State Farm Ins
์ดี	ype Name) (Name of insurer)
7	HOPENT 16969 NW 157 HUE #100 MIAMI H 3305
(1	itle) J (Address of Representative) ( Page 1 of 2

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FROM : RICKYS OIL SERVICE

To: Ricky's Oil Service Inc

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FROM : RICKYS OIL SERVICE	FAX ND. : 3058872800	Mar. 18 2009 02:57PM P2
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FDEP	rtment of Environmental Pro M8 4550 2000 Blair Stone Road Tallahasson, Flor	
		Prove
(	Certificate of Liability Insu	rance Poor Original
	Used Oil Transporters Please Print or Type Form	
, State Farm Ins.		upress Gardens Blud. the Insurer, Winter Haven, FL
(Name of the Insurer)	10. J. U A-10	
hereby certifies that it has issued lia	bility insurance to: <u>KICKY 3 UI L.</u> (Name of the insu	<u>Vervice The (the insured),</u> ired)
P. D. BOX 66929 (Address of the	5 whose EPA loen b insured)	ntification number is FLD#981-09-755
This insurance complies with the ins	unad's obligation to demonstrate the financia	I responsibility required by Fiorida
	10(2)(e). [See page 2 on the back side of this	-
	mpany shall be liable for amounts up to \$	000,000 less the deductible or
retention of \$A		e costs. If a deductible or retention is applied,
its amount may not exceed 10% of	he equity of the insured.	int. 21 m
This coverage is provided under pol		(Date)
The expiration date of said policy is	<u>7-1-07</u> or the annual rener (Date)	Wel date ls (Date)
2. The insurer further certifies the folio	wing with respect to the insurance described	l in Paragraph 1:
a. Bankruptoy or insolvency of the i	nsured shall not relieve the insurer of its obli	gations under this policy.
b. The insurer is liable for the payn by the insured for any such paymen		able to the policy, with a right of reimbursement
	retary (or designee) of the Florida Department artment a signed duplicate original of the pol	
expiration or non-renewal), will be e	hether by the insurer or the insured or by any flective only upon written notice and only after the Secretary of the FDEP as evidenced by	er the expiration of thirty (30) days after a copy
accidents which occur after the terr	nination of the insurance described herein, b	against the insured for claims resulting from ut such termination shall not affect the liability of ch cocur during the time the policy is in effect.
		, or eligible to provide insurance as an excess or
stipplus lines insurer, in one or mor		ized Representative of
(Signature of Insurer or Authorized Re	presentative)	
(Type Name)		Te farm Ins
Agent	11,91,9 NII) 12	7 ALL#IM HIGMI F1 3305
(Title)	(Address of Representati	Ve)

Page 1 of 2

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To: Ricky's Oil Service Inc FAX ND. **33058872800** 

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- BORDA	Department of Environmental Protection FDEP MS 4550 2000 Blair Stone Road Tellehassee, Florida 32399-2400
	Certificate of Liability Insurance Used Oil Transporters Prese Print or Type Form
1. <u>State Farm</u> (Name of the Insurer) hereby certifies that it h	as issued liability insurance to: RICKY'S OF (Service The Insured). (Name of the Insured)
PO.BOX (	ddress of the Insured)
This insurance complie	s with the Insured's obligation to demonstrate the financial responsibility required by Florida
	le 62-710.600(2)(e). [See page 2 on the back side of this Form]
	ry and the company shall be liable for amounts up to $\frac{1}{2000}, 000$ less the deductible or
retention of \$	for each accident exclusive of legal defense costs. If a deductible or retention is applied,
This coverage is provid	eed 10% of the equity of the Insured. $qq/nt$ ed under policy number <u>674-0668</u> , issued on <u>2-1-09</u> . aid policy is <u>8-1-09</u> or the annual renewal date is <u>(Date)</u> <u>8-1-09</u> . (Date)
2. The insurer further cart	ifies the following with respect to the insurance described in Paragraph 1:
a. Bankruptcy or insolv	rency of the insured shall not relieve the insurer of its obligations under this policy.
	for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement such payment made by the insurer.
insurer agrees to furnis	d by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the in to the Department a signed duplicate original of the policy and all endorsements.
expiration or non-renew	insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. vai), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy s received by the Secretary of the FDEP as evidenced by certified mail return receipt.
accidents which occur	It be liable for the payment of any judgment or judgments against the insured for claims resulting from after the termination of the insurance described harein, but such termination shall not affect the liability of nent of any such judgments resulting from accidents which occur during the time the policy is in effect.
	Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or to one or more States, including Florida.
Significant Insurer or A	K M (M Authorized Representative of Authorized Representative)
OW BRICK	
(Type Namle) Agent	16969 NW 67 ALL#100 HIAMI FL 33215
(Title) V	(Address of Representative)

RICKY'S OIL SERV	ICE, INC.			10
FLORII Permits	DA DEPARTMENT OF ENVIR	ONMENTAL PROTE 8700-12FL FLORIDA NOTIF WASTE ACTIVITY	4/27/2009 FICATION REGULATED	100.00
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