



# 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

July 10, 2009

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

Re: Florida Hazardous Waste Transporter Approval

Dear Robert Clarke:

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.

Robert Clarke  
July 10, 2009  
Page Two

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 that reads "Aprilia Graves".

Aprilia Graves  
Hazardous Waste Regulation 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: Environmental Products & Services of Vermont Inc

FACILITY ID NO: NYR000115733

FACILITY ADDRESS: 532 State Fair Blvd  
Syracuse, NY 13204

INSURANCE CARRIER: AMERICAN INTL SPECIALTY

INSURANCE POLICY#: PROP2448903

EFFECTIVE DATE: June 01, 2009

EXPIRATION DATE: June 01, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: July 10, 2009

Aprilia Graves  
Hazardous Waste Regulation Section  
850/245-8755

Are your services commercially available? YES

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:  
Transporter Name: ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT, INC.  
Transporter EPA ID: NYR 000 115 733  
Location Address: 532 STATE FAIR BOULEVARD  
SYRACUSE, NY 13204  
Contact: ROBERT T. CLARKE Telephone: (315) 451-6666 FAX (315) 457-6652  
Mailing Address: P.O. BOX 315  
SYRACUSE, NY 13209

II. Insurance Information:  
Insurance Company AMERICAN INTERNATIONAL SPECIALTIES  
Address 100 CONNELL DRIVE, SUITE 2100  
BERKELEY HEIGHTS, NJ 07922  
Contact: LORE PELKY Telephone: (315) 453-2175 (c) HAYWARD FREYER &  
Policy Number: PPDP 2448903 & PPDP 1510290 COON - INS. BROKERS  
Expiration date: 6/1/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D008 D018 F003

Comments: EPSVT will transport other EPA RCRA hazardous  
wastes for clients as required

IV. Certification:

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

ROBERT T. CLARKE ENVIRONMENTAL Manager  
Print/Type Name Title  
Robert T. Clarke 7/2/09  
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 06/01/10 Date

APPROVED by Sebrena L. Bolton, changes approved by the Certifier by phone 7/10/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

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

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*

#### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*



**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: **DGLW**

**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: **1/1/**  
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:

**43**

**00**

**00**

**00**

Longitude:

**76**

**00**

**00**

**00**

Method:

dd

mm

ss

ss

dd

mm

ss

ss

Datum:

**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: **1/1/**  
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
* ENVIRONMENTAL	PRODUCTS	SERVICES	OF VERMONT	TRANSPORTS		
8	9	10	11	12	13	14
	ALL	FEDERAL	HAZARDOUS	WASTE CODES in		
15	16	17	18	19	20	21
	ITS	TRANSPORTATION	OPERATION	*		
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</u> <u>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 <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> 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](mailto:sebreana.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)

## **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.

RECEIVED

Are your services commercially available? YES

JUL 09 2009

STATE OF FLORIDA

BY: BSHW

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT, INC.  
 Transporter EPA ID: NYR 000 115 733  
 Location Address: 532 STATE FAIR BOULEVARD  
SYRACUSE, NY 13204  
 Contact: ROBERT T. CLARKE Telephone: (315) 451-6666 FAX (315) 457-6652  
 Mailing Address: P.O. Box 315  
SYRACUSE, NY 13209

II. Insurance Information:

Insurance Company: AMERICAN INTERNATIONAL SPECIALTIES  
 Address: 100 CONNELL DRIVE, SUITE 2100  
BERKELEY HEIGHTS, NJ 07922  
 Contact: LORE PELKY Telephone: (315) 453-2175 (C HAYWARD FREYER &  
 Policy Number: PPDP2448903 & PRWL1570290 COON - Ins. BROKERS)  
 Expiration date: 6/1/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D008 D018 F003

Comments: EPSVT will transport other EPA RCRA hazardous  
wastes for clients as required

IV. Certification:

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

ROBERT T. CLARKE ENVIRONMENTAL Manager  
 Print/Type Name Title  
Robert T. Clarke 7/2/09  
 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 \_\_\_\_\_ Date

Signature of Florida Department of Environmental Protection Representative Date Signed

DEP Form # 17-730.900(5)(a)  
Form Title: HWF Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #

**STATE OF FLORIDA**  
**HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY**  
**INSURANCE**

1. American International Specialty Lines  
(Name of Insurer)  
(the "Insurer"), of 100 Connell Dr, Sutie 2100, Berkley Heights, NJ 07922  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Environment Products and Services of Vermont Inc  
(Name of Insured)

(the "Insured"), of 532 State Fair Blvd, Syracuse, NY 13204  
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
NYR000 115 733	Environmental Products and Services of Vermont Inc	532 State Fair Blvd Syracuse, NY 13204

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number Prop2448903, issued on 6/1/09

The effective date of said policy is 6/1/09 and the expiration date of said policy  
is 6/1/10  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 5,000,000 for each accident in excess of the underlying limit of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number PROU1570290, issued on 6/1/09. The effective date of  
said policy is 6/1/09 and the expiration date of said policy is 6/1/10  
(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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.



(Signature of Authorized Representative of Insurer)

Steven DeRegis

(Typed name)

Vice President

(Title)

Authorized Representative of

American International Specialty Lines

(Name of Insurer)

100 Connell Dr, Ste 2100, Berkeley Heights, NJ 07922

(Address of Representative)

<b>ACORD<sub>TM</sub> CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 6/30/2009
<b>PRODUCER</b> Phone: 315-451-1500 Haylor, Freyer & Coon, Inc. 231 Salina Meadows Parkway P.O. 4743 Syracuse NY 13221		<b>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.</b>
<b>INSURED</b> Environmental Products and Services of Vermont Inc. 532 State Fair Blvd Syracuse NY 13204		
		<b>INSURERS AFFORDING COVERAGE</b>
		<b>NAIC #</b>
		INSURER A: American International Special
		INSURER B: Hanover Insurance Company 22292
		INSURER C: Granite State Insurance Compa
		INSURER D: Commerce and Industry Insuran 19410
		INSURER E:


### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PROP2448903	6/1/2009	6/1/2010	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
C	X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA1570285	6/1/2009	6/1/2010	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 AGG \$
A	X	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	PROU1570290	6/1/2009	6/1/2010	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
D		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Yes If yes, describe under SPECIAL PROVISIONS below	WC5317963	6/1/2009	6/1/2010	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B		<b>OTHER</b> Leased & Rented Equipment	RHS5625239	6/1/2009	6/1/2010	\$250,000 Ded \$1,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Professional Liability Policy , Policy Period 06-01-09/10, 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 on a primary and noncontributory basis including Products and Completed Operations as respects General Liability. Pollution Liability includes Asbestos Abatement.

Florida Dept of Environmental Protection is named as additional insured

<b>CERTIFICATE HOLDER</b>  Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee FL 32399	<b>CANCELLATION 30</b> 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
--	--

## **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.

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



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

**RECEIVED**

July 2, 2009

JUL 09 2009

State of Florida  
Department of Environmental Protection  
Attn: Sebrina Bolton  
Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FLA 32399-2400

BY: BSHW

Re: Hazardous Waste Transporter Renewal Application  
Transporter: Environmental Products & Services of Vermont, Inc  
Permit #: NYR000115733

Dear Ms Bolton,

Attached to this letter you will find a completed hazardous waste transporter status form for the above referenced hazardous waste transporter. This form is being submitted as part of the renewal application for Environmental Products & Services of Vermont, Inc. that was previously submitted to your office in March 2009

A copy of our current Certificate of Insurance is attached to the status form for your information as well as completed copy of DEP Form 62-730.900(5)(a).

Hopefully with this submittal our renewal can be completed since our transporter permit expired on 6/30/2009.

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

Sincerely,

*Robert T. Clarke*  
Robert T. Clarke  
Environmental Manager

RMC QA'ed  
Initials \_\_\_\_\_ Date \_\_\_\_\_

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*  
Robert T. Clarke  
Environmental Manager  
EPS of VT, Inc