Florida Department of
Environmental Protection
Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 08, 2009

Scotty Barrett
Ring Power Corporation
10421 Fern Hill Dr
Riverview, FL 33578- 9305

BE IT KNOWN THAT

Ring Power Corporation
32000 Blue Star Hwy
Midway, FL 32343- 2414

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, 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 **FLR000136598** on June 08, 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.

Aprilia Graves
Environmental Specialist IV
Hazardous Waste Regulation Permitting

RING POWER CORPORATION

CHECK REQUEST FORM

Initials ____
Date ____

CHECK REQUEST FOR: Florida Dept of Environmental Protection
Used Oil registration
2600 Blair Stone Rd.
Tallahassee, Fl. 32315-3070

PHONE:, ext

IF INDIVIDUAL, NEED S.S.N:

IF EMPLOYEE, NEED EMPLOYEE NUMBER:

Description/Serial No.	Account	Amount
St Augustine	7615900.C10.00	100.00
Riverview	7615900.C10.10	100.00
Orlando	7615900.C10.11	100.00
Midway	7615900.C10.02	100.00
Daytona	7615900.C10.18	100.00
Brooksville	7615900.C10.13	100.00
Tampa Ring Lift	7615900.L30.37	100.00
Palm Bay	7615900.C10.17	100.00
Ocala	7615900.C10.01	100.00
Lake City	7615900.C10.07	100.00
Gainesville	7615900.C10.08	100.00
	TOTAL	$1100.00

S. BARRETT 0 5M 4-14-09

REQUESTED BY: Scotty Barrett

APPROVED BY: Scotty Barrett

REQUEST DATE: 4-14-09

DUE DATE: 4-20-09

☐ US MAIL

X RETURN TO REQUESTOR

CHECKLIST: This sheet must be signed and returned with your renewal registration.

Email Contact Name and address (if you would like to be included in our listserver):

_____ Registration Form. **Please be sure that it is signed.**

1 REGISTRATION
11 STORES @ Registration Fee. $100.00. Please make checks payable to the Florida Department of Environmental Protection. (*Permitted Processors are not required to remit fee*)

_____ This company is a Used Oil Processor, Used Oil Permit Number: _____, and is exempt from the registration fee.

_____ This company is a Used Oil Burner (off-spec), Air Permit Number:_____

_____ This company transports ***only used oil filters and is exempt*** from the certification, insurance, record keeping and reporting requirements of Rule 62-710, F.A.C.

Used Oil Transporter Training Certification: Rule 62-710, Florida Administrative Code (F.A.C.), Used Oil Management, was amended, effective June 9, 2005. To maintain Certification through this Department, *ALL* Used Oil Transporters who have previously submitted a Used Oil training program to this Department *MUST* provide evidence that their training program currently addresses the amendments. In particular, the updates should include:

1. The procedure used to ensure that a copy of the shipping papers for a load of used oil is left with the generator as required in Rule 62-710.510(2), F.A.C.

2. Evidence of compliance with Rule 62-710.600(2)(b)(3), F.A.C., which requires a Used Oil Transporter Training Program to include "A detailed description of the company's standard operating procedure for halogen screening at each pick up location. This description shall include instrument specifications and capabilities, calibration methods and frequency, procedures addressing the handling of loads which indicate halogen levels in excess of 1,000 ppm, and record keeping procedures for all loads accepted or refused."

3. Evidence of liability insurance for the minimum amount of $1 million, which covers pollution liability, in accordance with the requirements of Rule 62-710.600(2)(e), F.A.C.

4. Evidence that company employees are made aware of the circumstances under which a Department Certification can be revoked, which are described in Rule 62-710.600(4), F.A.C.

Proof of Insurance: (Indicate which response applies.)

_____ Certificate of Liability Insurance Form 62-710.901(4) signed by insurance company.

_____ Certificate of Insurance (ACORD) signed by insurance company for the **renewal of an existing policy** previously filed on a Certificate of Liability Insurance Form.

SCOTTY BARRETT	Scotty Barrett	4-14-09
Name (Printed)	Signature	Date

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

APR 2

Date Received (for FDEP Official Use Only)

EPA ID FLR000136598 | **MTS** | **RCRAInfo**

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).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name: Ring Power Corporation — **FEID No.:** 590934246

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

- **Name of Operator:** Ring Power Corporation — ☐ New Operator — **Date became Operator:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** 500 World Commerce PKWY — **Phone Number:** 904-737-7730
- **City or Town:** St. Augustine — **State:** Fl — **Zip Code:** 32092
- **Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

4. Facility Physical Location Information

- **Physical Street Address:** 32000 Blue Star Hwy
- **City or Town:** Midway — **State:** FL — **Zip Code:** 32343
- **County:** Gadsden — **If available, please attach a map or sketch of the facility boundaries.**
- **Latitude:** ___ ___ ___.____ (d d m m s s . ssss) **Longitude:** ___ ___ ___.____ (d d m m s s . ssss) **Method:** **Datum:**

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

A.	B.
42181	
C.	D.

6. Facility or Business Mailing Address

- **Street Address or P.O. Box:** 10421 Fern Hill Drive
- **City or Town:** Riverview — **State:** Fl — **Zip Code:** 33578

7. Facility or Business Contact Person

- **First Name:** Scotty — **Last Name:** Barrett — **Title:** Environmental Mgr
- **Phone Number:** 813-865-2500 — **Extension:** 8500 — **E-Mail:** scotty.barrett@ringpower.com
- **Street or P.O. Box:** 10421 fern Hill Drive
- **City or Town:** Riverview — **State:** Fl — **Zip Code:** 33578

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:** Ring Power Corp — ☐ New Owner — **Date became Owner:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** 500 World Commerce PKWY — **Phone Number:** 904-737-7730
- **City or Town:** St. Augustine — **State:** Fl — **Zip Code:** 32092
- **Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

	EPA ID No.	FLR000136598

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):

A. Hazardous Waste Activities:

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; **or** Greater than 1 kg (2.2 lbs) of *acute* hazardous waste

☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

☒ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (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

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

(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 _____
Address _____
_____
Contact _____ Telephone _____
Policy Number _____ Expiration date _____

d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ 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 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**

EPA ID No. FLR000136598

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ 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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☒	☐	☐	1000
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☐	☐	
e. Mercury Containing Lamps	☒	☐	☐	200

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

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

(5) Destination Facility for UW ☐ 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

(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.

(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 orginally 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.

Signature of Authorized Person

Scotty Barrett

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):
- ☒ our mailing (business) address
- ☐ The site (facility) address

EPA ID No. FLR000136598

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ 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	☒	☐	☐	1000
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☐	☐	
e. Mercury Containing Lamps	☒	☐	☐	200

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

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

(5) **Destination Facility for UW** ☐ 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 orginally 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.

Scotty Barrett

Signature of Authorized Person

Scotty Barrett

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. FLR000136598

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 D001	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):

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)
	Scotty Barrett, Environmental Mgr	04-15-09

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 4560 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance Used Oil Transporters
Effective Date June 5, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Discover Property & Casualty Insurance (the Insurer), 4401 Northside Pkwy, Suite 250, Atlanta, GA 30327
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Ring Power Corporation (the Insured),
(Name of the Insured)

32000 Blue Star Hwy, Midway. FL whose EPA Identification number is FLR000136598
(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 $ 5,000,000 less the deductible or retention of $ 3,000,000 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 D004A00337, issued on 04-01-09 (Date).

The expiration date of said policy is 04-01-10 (Date) or the annual renewal date is 04-01-10 (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 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 surplus-lines insurer, in one or more States, including Florida.

(Signature of Insurer or Authorized Representative) Authorized Representative of

L. Kipp Minter (Type Name) Discover Property & Casualty Insurance (Name of Insurer)

Senior Vice President (Title) BB&T – J. Rolfe Davis Insurance. P.O. Box 4927, Orlando, FL 32802-4927 (Address of Representative)

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance, Used Oil Transporters
Effective Date June 9, 2005

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

(e) 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 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: zebrena.bolton@dep.state.fl.us , OR
Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

Ring Power Corporation
10421 Fern Hill Drive
Riverview, FL 33569
(813) 671-3700

Re: Halogen testing procedures for Used oil collection

Ring Power Corp. does not engage in the collection of Used Oil and / or Filters generated by anyon other than our employees.
We do not and will not accept or transport any used oil or filter stored in any container, tank, barrel c bucket which has been removed by anyone other than a Ring Power technician.

We collect oil and filters only from engine and drive train servicing,, performed by our employees and removed directly from the from the unit being serviced, which is then returned to our facility for storage awaiting removal and recycling by our vendor, Synergy Recycling LLC.
This product is checked for halogens before removal from our property by Synergy Recycling.

Explanation of this procedure is a part of our annual training provided to all our preventive maintenance drivers and dispatchers.

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: RING POWER CORP. 2. Telephone No. (850) 562-2121

Site Address: 32000 BLUE STAR Hwy, MIDWAY, FL

3. EPA ID No. FLR 000 136598

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) SCOTTY BARRETT

Title ENVIRONMENTAL MANAGER Phone number (if different from #2, above) (813) 865-2500

5. Type of operation (check as many as apply to your operations)
Used Oil: ✓Transporter ✓Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer
o Burner (of off-specification used oil)
Used Oil Filter: ✓ Transporter ✓ 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	Automotive	Industrial	Mixed	Total
a. In Florida		1765		1765
b. From out of state				
c. Beginning Inventory				
d. Total (sum of totals from Lines a + b + c)				1765

2. Amount (in gallons) of Used Oil and Oily Wastes Managed	In State	Out of State
N - Not an end use, transferred to another facility for storage or processing	1765	
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	1765	
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)		

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PR RPCINC1

DATE (MM/DD/YYYY) 04/01/09

RECEIVED
APR 03 2009
BY: BSHW

PRODUCER

J Rolfe Davis Insurance
P.O. Box 4927
Orlando FL 32802-4927
Phone: 407-691-9600

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

RPC Inc/Ring Power Corp/Diesel
Construct Co/Ring Power Crane
Phoenix Products LLC
CAT Entertainment Services
500 World Commerce Parkway
St. Augustine FL 32902

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Discover Property & Casualty	36463
INSURER B:	Fidelity & Guaranty Ins. Co.	35386
INSURER C:	Commerce & Industry Ins. Co.	19410
INSURER D:		
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [ ] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Excess Commercial [ ] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	D004Q00053 $3,000,000 S.I.R. LIMIT APPLY EXCESS OF SIR	04/01/09	04/01/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG EBL	$ 2000000 $ $ $ 2000000 $ 5000000 $ 5000000 2000000
A		AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [X] Garagekeepers [X] Drive Other Car	D004A00337	04/01/09	04/01/10	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5000000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
C		EXCESS/UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION $ 10000	BE54177743	04/01/09	04/01/10	EACH OCCURRENCE AGGREGATE	$ 25000000 $ 25000000 $ $ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	D004W00326	04/01/09	04/01/10	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1000000 $ 1000000 $ 1000000
		OTHER					

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

General Liability Limits are Excess SIR of $3,000,000. Primary Workers' Compensation includes Longshore & Harbor Workers Compensation Act. Non-Payment Cancellation subject to Florida Statute.

Initials _____
Date _____

CERTIFICATE HOLDER

FLDEPTE

Florida Dept. of Environmental Regulation, Bureau of Waste Planning & Regulation
2600 Blairstone Road
Tallahassee FL 32399-2400

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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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.