



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

November 12, 2009

Steve Becker
Clean Fuels Of Florida Inc
2635 NE 4th Ave
Pompano Beach, FL 33064-5405

Re: Florida Hazardous Waste Transporter Approval

Dear Steve Becker:

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.

Steve Becker
November 12, 2009
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

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, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

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

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
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

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: Clean Fuels Of Florida Inc

FACILITY ID NO: FLD984171256

FACILITY ADDRESS: 2635 NE 4th Ave
Pompano Beach, FL 33064-5405

INSURANCE CARRIER: ENDURANCE AMERICAN SPECIALTY

INSURANCE POLICY#: ECC101003860-01

EFFECTIVE DATE: November 03, 2009

EXPIRATION DATE: November 03, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Aprilla Graves* DATE: November 12, 2009
Aprilla Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

RECEIVED

Are your services commercially available? Yes

NOV 04 2009

STATE OF FLORIDA

BY: BSHW

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Clean Fuel of Florida Inc

Transporter EPA ID: FLD 984 171 256

Location Address: 2635 NE 4th Avenue

Pompano Beach, FL 33064

Contact: Steve Becker Telephone: 954-791-9588

Mailing Address: 2635 NE 4th Avenue

Pompano Beach, FL 33064

II. Insurance Information:

Insurance Company: Endurance American Specialty

Address: 350 Mountain Road Ste. E19

Paradise, MD 21122-1294

Contact: Melissa Rich Telephone: 954-452-4900 Ext. 306

Policy Number: ECC101003860-01

Expiration date: 10/3/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

See Attached List

Comments: Waste Code List Based on the

Transportation of Lab Pack Material

IV. Certification:

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

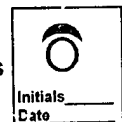
Steven A. Becker
Print/Type Name

Operations Manager
Title

Steve Becker
Signature


10-28-09
Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 11/1/2010 Date



APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 11/12/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

 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		Date Received (for FDEP Official Use Only)	
EPA ID F L D 9 8 4 1 7 1 2 5 6		MTS RCRAInfo 	
1 Reason for Submittal	Mark 'X' in correct box <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-weight: bold; text-align: center;">NOV 04 2009</div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste universal waste or used oil activities) <input type="checkbox"/> To provide subsequent notification (to update status and facility identification information) <input type="checkbox"/> Is this the final notification (see instructions) for the facility? </div> </div>		
2 Facility or Business Name	Clean Fuels Of Florida Inc		FEID No <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 6 5 0 7 5 9 1 4 6 </div>
3 Facility Operator (List additional Operators in the comments section)	Name of Operator Clean Fuels Of Florida Inc		<input type="checkbox"/> New Operator Date became Operator ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div>
	Street or P O Box 2635 NE 4th Avenue		Phone Number 954-791-9588
	City or Town Pompano Beach	State FL	Zip Code 33064
	Operator Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		
4 Facility Physical Location Information	Physical Street Address 2635 NE 4th Avenue		
	City or Town Pompano Beach		State FL
	County Broward		Zip Code 33064
	If available, please attach a map or sketch of the facility boundaries		
Latitude Longitude Method _____ <div style="text-align: center; font-size: 0.8em;"> dd mm ss ssss dd mm ss ssss Datum </div>			
5 Facility North American Industry Classification System (NAICS) Code(s)	A. 56211		B.
		C. 	D.
6 Facility or Business Mailing Address	Street Address or P O Box 2635 NE 4th Avenue		
	City or Town Pompano beach		State FL
7 Facility or Business Contact Person	First Name Steve	Last Name Becker	Title Operations
	Phone Number 954-791-9588	Extension 	E-Mail sbecker@clean fuels net
	Street or P O Box 2635 NE 4th Avenue		
	City or Town Pompano Beach		State F
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 Damon Barry Fernandez		<input type="checkbox"/> New Owner Date became Owner ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div>
	Street or P O Box 2635 NE 4th Avenue		Phone Number 954-791-9588
	City or Town Pompano Beach		State FI
	Owner Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

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 Endurance American Speciality
Address 350 Mountain Road Ste. E19
Pasadena, MD 21122-1294Contact Melissa Rich Telephone 954-452-4900
Policy Number 11647 Expiration date 11/3/10d. 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

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	400
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3000

(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, 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.

Signature of Authorized Person

Steven A Becker

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.

FLD984171256

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	D002	3	D003	4	D005	5	D007	6	D008	7	D004
8	F001	9	F002	10	F003	11	F004	12	F005	13	F006	14	F005
15	F008	16	F009	17	F010	18	F011	19	F012	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 _____

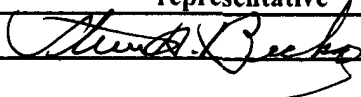
City, State, Zip _____

☐ **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)

Steven A Becker

10-28-2009

Operations manager

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

954-791-9588

sbecker@clean-fuels.net

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

ADDITIONAL WASTE CODES FOR SECT 10: Continued On Attachment

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
D	0	0	1
19			
D	0	0	7
25			
D	0	1	3
31			
D	0	1	9
37			
D	0	2	5
43			
D	0	3	1
49			
D	0	3	7
55			
D	0	4	3
61			
F	0	0	6
67			
F	0	1	2
73			
F	0	3	4
79			
K	0	0	2
85			
K	0	0	8
91			
K	0	1	5
97			
K	0	2	1
103			
K	0	2	7
109			
K	0	3	3
115			
K	0	3	9
14			
D	0	0	2
20			
D	0	0	8
26			
D	0	1	4
32			
D	0	2	0
38			
D	0	2	6
44			
D	0	3	2
50			
D	0	3	8
56			
F	0	0	1
62			
F	0	0	7
68			
F	0	1	9
74			
F	0	3	5
80			
K	0	0	3
86			
K	0	0	9
92			
K	0	1	6
98			
K	0	2	2
104			
K	0	2	8
110			
K	0	3	4
116			
K	0	4	0
15			
D	0	0	3
21			
D	0	0	9
27			
D	0	1	5
33			
D	0	2	1
39			
D	0	2	7
45			
D	0	3	3
51			
D	0	3	9
57			
F	0	0	2
63			
F	0	0	8
69			
F	0	2	4
75			
F	0	3	7
81			
K	0	0	4
87			
K	0	1	0
93			
K	0	1	7
99			
K	0	2	3
105			
K	0	2	9
111			
K	0	3	5
117			
K	0	4	1
16			
D	0	0	4
22			
D	0	1	0
28			
D	0	1	6
34			
D	0	2	2
40			
D	0	2	8
46			
D	0	3	4
52			
D	0	4	0
58			
F	0	0	3
64			
F	0	0	9
70			
F	0	2	5
76			
F	0	3	8
82			
K	0	0	5
88			
K	0	1	1
94			
K	0	1	8
100			
K	0	2	4
106			
K	0	3	0
112			
K	0	3	6
118			
K	0	4	2
17			
D	0	0	5
23			
D	0	1	1
29			
D	0	1	7
35			
D	0	2	3
41			
D	0	2	9
47			
D	0	3	5
53			
D	0	4	1
59			
F	0	0	4
65			
F	0	1	0
71			
F	0	2	7
77			
F	0	3	9
83			
K	0	0	6
89			
K	0	1	3
95			
K	0	1	9
101			
K	0	2	5
107			
K	0	3	1
113			
K	0	3	7
119			
K	0	4	3
18			
D	0	0	6
24			
D	0	1	2
30			
D	0	1	8
36			
D	0	2	4
42			
D	0	3	0
48			
D	0	3	6
54			
D	0	4	2
60			
F	0	0	5
66			
F	0	1	1
72			
F	0	3	2
78			
K	0	0	1
84			
K	0	0	7
90			
K	0	1	4
96			
K	0	2	0
102			
K	0	2	6
108			
K	0	3	2
114			
K	0	3	8
120			
K	0	4	5

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
K	0	4	7
19			
K	0	6	0
25			
K	0	7	1
31			
K	0	8	6
37			
K	0	9	4
43			
K	1	0	0
49			
K	1	0	6
55			
K	1	1	2
61			
K	1	1	8
67			
K	1	3	2
73			
K	1	4	5
79			
K	1	5	6
85			
P	0	0	1
91			
P	0	0	7
97			
P	0	1	3
103			
P	0	2	1
109			
P	0	3	1
115			
P	0	4	0
14			
K	0	4	8
20			
K	0	6	1
26			
K	0	7	3
32			
K	0	8	7
38			
K	0	9	5
44			
K	1	0	1
50			
K	1	0	7
56			
K	1	1	3
62			
K	1	2	3
68			
K	1	3	6
74			
K	1	4	7
80			
K	1	5	7
86			
P	0	0	2
92			
P	0	0	8
98			
P	0	1	4
104			
P	0	2	2
110			
P	0	3	3
116			
P	0	4	1
15			
K	0	4	9
21			
K	0	6	2
27			
K	0	8	3
33			
K	0	8	8
39			
K	0	9	6
45			
K	1	0	2
51			
K	1	0	8
57			
K	1	1	4
63			
K	1	2	4
69			
K	1	4	1
75			
K	1	4	8
81			
K	1	5	8
87			
P	0	0	3
93			
P	0	0	9
99			
P	0	1	5
105			
P	0	2	4
111			
P	0	3	4
117			
P	0	4	2
16			
K	0	5	0
22			
K	0	6	4
28			
K	0	8	4
34			
K	0	9	0
40			
K	0	9	7
46			
K	1	0	3
52			
K	1	0	9
58			
K	1	1	5
64			
K	1	2	5
70			
K	1	4	2
76			
K	1	4	9
82			
K	1	5	9
88			
P	0	0	4
94			
P	0	1	0
100			
P	0	1	7
106			
P	0	2	3
112			
P	0	3	6
118			
P	0	4	3
17			
K	0	5	1
23			
K	0	6	5
29			
K	0	8	5
35			
K	0	9	1
41			
K	0	9	8
47			
K	1	0	4
53			
K	1	1	0
59			
K	1	1	6
65			
K	1	2	6
71			
K	1	4	3
77			
K	1	5	0
83			
K	1	6	0
89			
P	0	0	5
95			
P	0	1	1
101			
P	0	1	8
107			
P	0	2	6
113			
P	0	3	8
119			
P	0	4	4
18			
K	0	5	2
24			
K	0	6	6
30			
K	0	8	5
36			
K	0	9	3
42			
K	0	9	9
48			
K	1	0	5
54			
K	1	1	1
60			
K	1	1	7
66			
K	1	3	1
72			
K	1	4	4
78			
K	1	5	1
84			
K	1	5	1
90			
P	0	0	6
96			
P	0	1	2
102			
P	0	2	0
108			
P	0	3	0
114			
P	0	3	9
120			
P	0	4	5

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P 1 1 9	P 1 2 0	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
P 1 9 2	P 1 9 4	P 1 9 5	P 1 9 6	P 1 9 7	P 1 9 8
91	92	93	94	95	96
P 1 9 9	P 2 0 1	P 2 0 2	P 2 0 3	P 2 0 4	P 2 0 5
97	98	99	100	101	102
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 4	U 0 0 5	U 0 0 6
103	104	105	106	107	108
U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 1 9
115	116	117	118	119	120
U 0 2 0	U 0 2 1	U 0 2 2	U 0 2 3	U 0 2 4	U 0 2 5

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 0 2 6	U 0 2 7	U 0 2 8	U 0 2 9	U 0 3 0	U 0 3 1
19	20	21	22	23	24
U 0 3 2	U 0 3 3	U 0 3 4	U 0 3 5	U 0 3 6	U 0 3 7
25	26	27	28	29	30
U 0 3 8	U 0 3 9	U 0 4 1	U 0 4 2	U 0 4 3	U 0 4 4
31	32	33	34	35	36
U 0 4 5	U 0 4 6	U 0 4 7	U 0 4 8	U 0 4 9	U 0 5 0
37	38	39	40	41	42
U 0 5 1	U 0 5 2	U 0 5 3	U 0 5 5	U 0 5 6	U 0 5 7
43	44	45	46	47	48
U 0 5 8	U 0 5 9	U 0 6 0	U 0 6 1	U 0 6 2	U 0 6 3
49	50	51	52	53	54
U 0 6 4	U 0 6 6	U 0 6 7	U 0 6 8	U 0 6 9	U 0 7 0
55	56	57	58	59	60
U 0 7 1	U 0 7 2	U 0 7 3	U 0 7 4	U 0 7 5	U 0 7 6
61	62	63	64	65	66
U 0 7 7	U 0 7 8	U 0 7 9	U 0 8 0	U 0 8 1	U 0 8 2
67	68	69	70	71	72
U 0 8 3	U 0 8 4	U 0 8 5	U 0 8 6	U 0 8 7	U 0 8 8
73	74	75	76	77	78
U 0 8 9	U 0 9 0	U 0 9 1	U 0 9 2	U 0 9 3	U 0 9 4
79	80	81	82	83	84
U 0 9 5	U 0 9 6	U 0 9 7	U 0 9 8	U 0 9 9	U 1 0 1
85	86	87	88	89	90
U 1 0 2	U 1 0 3	U 1 0 5	U 1 0 6	U 1 0 7	U 1 0 8
91	92	93	94	95	96
U 1 0 9	U 1 1 0	U 1 1 1	U 1 1 2	U 1 1 3	U 1 1 4
97	98	99	100	101	102
U 1 1 5	U 1 1 6	U 1 1 7	U 1 1 8	U 1 1 9	U 1 2 0
103	104	105	106	107	108
U 1 2 1	U 1 2 2	U 1 2 3	U 1 2 4	U 1 2 5	U 1 2 6
109	110	111	112	113	114
U 1 2 7	U 1 2 8	U 1 2 9	U 1 3 0	U 1 3 1	U 1 3 2
115	116	117	118	119	120
U 1 3 3	U 1 3 4	U 1 3 5	U 1 3 6	U 1 3 7	U 1 3 8

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IX. Description of Regulated Wastes (Continued; (Additional Sheet))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	1	4	0
19			
U	1	4	6
25			
U	1	5	2
31			
U	1	5	8
37			
U	1	6	4
43			
U	1	7	0
49			
U	1	7	7
55			
U	1	8	2
61			
U	1	8	8
67			
U	1	9	4
73			
U	2	0	3
79			
U	2	0	9
85			
U	2	1	6
91			
U	2	2	2
97			
U	2	3	4
103			
U	2	4	0
109			
U	2	4	9
115			
U	3	2	8
14			
U	1	4	1
20			
U	1	4	7
26			
U	1	5	3
32			
U	1	5	9
38			
U	1	6	5
44			
U	1	7	1
50			
U	1	7	8
56			
U	1	8	3
62			
U	1	8	9
68			
U	1	9	6
74			
U	2	0	4
80			
U	2	1	0
86			
U	2	1	7
92			
U	2	2	3
98			
U	2	3	5
104			
U	2	4	3
110			
U	2	7	1
116			
U	3	5	3
15			
U	1	4	2
21			
U	1	4	8
27			
U	1	5	4
33			
U	1	6	0
39			
U	1	6	6
45			
U	1	7	2
51			
U	1	7	9
57			
U	1	8	4
63			
U	1	9	0
69			
U	1	9	7
75			
U	2	0	5
81			
U	2	1	1
87			
U	2	1	8
93			
U	2	2	5
99			
U	2	3	6
105			
U	2	4	4
111			
U	2	7	7
117			
U	3	5	9
16			
U	1	4	3
22			
U	1	4	9
28			
U	1	5	5
34			
U	1	6	1
40			
U	1	6	7
46			
U	1	7	3
52			
U	1	8	0
58			
U	1	8	5
64			
U	1	9	1
70			
U	2	0	0
76			
U	2	0	6
82			
U	2	1	3
88			
U	2	1	9
94			
U	2	2	6
100			
U	2	3	7
106			
U	2	4	6
112			
U	2	7	8
118			
U	3	6	4
17			
U	1	4	4
23			
U	1	5	0
29			
U	1	5	6
35			
U	1	6	2
41			
U	1	6	8
47			
U	1	7	4
53			
U	1	8	1
59			
U	1	8	6
65			
U	1	9	2
71			
U	2	0	1
77			
U	2	0	7
83			
U	2	1	4
89			
U	2	2	0
95			
U	2	2	7
101			
U	2	3	8
107			
U	2	4	7
113			
U	2	7	9
119			
U	3	6	5
18			
U	1	4	5
24			
U	1	5	1
30			
U	1	5	7
36			
U	1	6	3
42			
U	1	6	9
48			
U	1	7	6
54			
U	1	8	1
60			
U	1	8	7
66			
U	1	9	3
72			
U	2	0	2
78			
U	2	0	8
84			
U	2	1	5
90			
U	2	2	1
96			
U	2	2	8
102			
U	2	3	9
108			
U	2	4	8
114			
U	2	8	0
120			
U	3	6	6

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 3 6 7	U 3 7 2	U 3 7 3	U 3 7 5	U 3 7 6	U 3 7 7
19	20	21	22	23	24
U 3 7 8	U 3 7 9	U 3 8 1	U 3 8 2	U 3 8 3	U 3 8 4
25	26	27	28	29	30
U 3 8 5	U 3 8 6	U 3 8 7	U 3 8 9	U 3 9 0	U 3 9 1
31	32	33	34	35	36
U 3 9 2	U 3 9 3	U 3 9 4	U 3 9 5	U 3 9 6	U 4 0 0
37	38	39	40	41	42
U 4 0 1	U 4 0 2	U 4 0 3	U 4 0 4	U 4 0 7	U 4 0 9
43	44	45	46	47	48
U 4 1 0	U 4 1 1				
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



CERTIFICATE OF LIABILITY INSURANCE

OP ID MR
CLEAN-1

DATE (MM/DD/YYYY)

11/12/09

PRODUCER BB Insurance Marketing, Inc. P.O. Box 551267 Fort Lauderdale FL 33355-1267 Phone: 954-452-4900 Fax: 954-452-0450		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 Clean Fuels of Florida, Inc. 2635 NE 4th Avenue Pompano Beach FL 33064		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Endurance American Specialty	41718
		INSURER B: National Casualty Company	11991
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

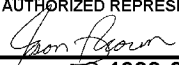
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	X	GENERAL LIABILITY	ECC101003860-01	11/03/09	11/03/10	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000	
		<input checked="" type="checkbox"/> Pollution-Claims				PERSONAL & ADV INJURY	\$ 1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
B		AUTOMOBILE LIABILITY	CAO0204473	12/17/08	12/17/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 750,000	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
<input type="checkbox"/> NON-OWNED AUTOS								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
		OTHER				E.L. DISEASE - POLICY LIMIT	\$	

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

Environmental service provider located at 2635 NE 4th Ave. Pompano Beach, FL 33064. Certificate holder is listed a additional insured with respect to General Liability only if required by written contract.*Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER

DEPTARE Florida Dept of Environmental Protection, Bureau of Solid & Hazardous Waste, MS 4550 2600 Blair Stone 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 <u>30*</u> 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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ACORD 25 (2009/01)

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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

This Certificate of Insurance 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.