

#### 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 20, 2010

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

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

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

#### IS HEREBY REGISTERED AS A USED OIL

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

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD981019755** on July 20, 2010

This registration will expire on 06/30/2011

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

Engineering Specialist IV

**Hazardous Waste Regulation Permitting** 

# FLORIDA

section.)

Owner Type: Private

### 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					
R	ec	ei	vec	þm	cial	Use	Onl	y)

JN 282010

(850) 245-8772 0 1 9 7 5 5 9 1. Reason for Mark 'X' in To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous correct box: Submittal waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). Is this the **final notification** (see instructions) for the facility? 2. Facility or **Business Name** 5 9 2 7 6 RICKYS OIL SERVICE, INC Name of Operator: 3. Facility Operator New Operator CHRIS RICCI (List additional Date became Operator: Operators in the mm comments section). Street or P.O. Box: Phone Number: P.O. BOX 669295 305-822-2253 City or Town: State: Zip Code: MIAMI FL 33166-9430 Operator Type: Private Federal Municipal State Other **Physical Street Address:** 4. Facility Physical 7209 NW 66 ST Location City or Town: State: Zip Code: Information MIAMI FL 33166-3007 County: Dade If available, please attach a map or sketch of the facility boundaries. Latitude:  $| | | | |^2 |^5 | |^5 |^0 .0503 |$  Longitude:  $| | | | |^8 |^0 | |^1 |^8 .8527 |$ Method: s s . ssss Datum: m m 5. Facility North American Industry 562219 Classification System (NAICS) C. Code(s) Street Address or P.O. Box: 6. Facility or P.O. BOX 669295 **Business Mailing** City or Town: State: FL |Zip Code: 33166-9430 MIAMI Address First Name: Last Name: 7. Facility or **CHRIS** RICCI PRESIDENT **Business Contact** Phone Number: E-Mail: **Extension:** Person 305-822-2253 CHRIS@RICKYSOIL.COM Street or P.O. Box: 7209 NW 66 ST City or Town: State: Zip Code: FL MIAMI 33166-9430 Name of Real Property (Land) Owner: 8. Real Property □New Owner 1952 CHRIS RICCI (Land) Owner Date became Owner: of the Facility's Physical Location Street or P.O. Box: Phone Number: 305-822-2253 P.O. BOX 669295 (List additional real property owners City or Town: State: Zip Code: FL MIAMI 33166-9430 in the comments

☐ Municipal

☐ State

Other

Federal

in wall in the control of the contro	EPA ID No. FLD981019755				
9. Type of Regulated Waste Activity ( Mark 'X' in all tha	nt 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  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	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste				
(2.2 lbs) or less of <i>acute</i> hazardous waste  In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	on				
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.]					
☐ Notification of changes in above items ☐ Annual update notification					

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r . S	THE HE BEST WATER AND THE STREET
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Mercu y-containing devices SQH = less time 160 kg acceptud	9 Ar Torators Sandler
Moreo y-containing lamps LQE = 2,900 kg (4400 lbs/2,500 l	
Mercury-containing lamps SQH = tess than 2,600 kg (8,600 kg	Configurated and the Annual Configuration and the configuration an
[Note: 4 tumps = 1 kg, 62-737.207/10)]	A PRODUCTION OF TWOIRS TRANSFER
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Pharm countries SQFI = always less than 5.46 kg of UPW as	To the control of the
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(3) Mercury Recovery unition declaration flacility	Grand Control Control of Control
[Chapter 62-737, F.A.C.]	or: have whom was is permit is required for this notable, [Kutha 2-787,80], [As]
(4) Reverse Distributor of GW [ Pharmace allests	The state of the s
(5) Destination Finelity for IN	1, 1 (1 A) Y 231. (130) 130033 (TOTAL) 2 1 1 1 A year of years and P.
C. Used Oil Ac Mittes;	
(1) Used Oil Transporter - indicate type(s) of set virythed:	() Specific Cereforation to be signed by all Used Dil Tom sporters  [cerefores a Used Oil Transporter that the training program medimanches
En a Consporter	- Menting of Programod Annel States 57-7 (E. fine to A. P. Institutional France)
D b. Transfer Facility (3) 🖾 Colle tox Center	g - misco de la conteglachierca to, la zer la palifications les peles el mode de tro
(2) IN Used Off Procession: A permit is negative that his a darky.	is resistation from Evidence of financial responsibility a
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(5)   Osed Dil Fuel Marketer	labil, y insured ce, 1987 Porm 62-710 901(4), F.A.C.
(6) Used Oil Titter	
	1. Soid its of Air author Person
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do End User	
第二十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四	Print Name of Authorized Person
(7) Used Oil Trans parters. Transfer Facilities, Collective Conters, Officent United Sept. 10.	
aper meation burn its and Marketers must bay an agent 4 \$100	CONTRACTOR OF SERVICE STATEMENT OF SERVICE AND ADDRESS OF SERVICE STATEMENT SERVICE
regularation fee. Us fd Oil Processors are exercit from this fact for	(c) The records required and a the provisions of Rule 62-710.5. n,
applieable, enclose a check or money order, in the umoral of \$100, payable to Florida Department of Environmental Proved in a	- Along the Aspert (check one):
A) A CDECK is one to cod	L.i Oit mailing (quainess) address
distance of the second of the	The site (feelilty) address

LBCW :BICKAR DIT REBAICE EBK NO : 2028855888 DT: 12 SBTB B5:285W BT

D.P.Farm 62-730 000(1)(n), adopted by reference in Thic 52-7.0 (SU(2)(a), \$2-741 (mi)(1), and \$2-757, 100(3)(a)2., F.A.C. Effective Diag file, 4-2 8.9 Page 3 of 4

						EPA ID No.	FLD9	81019755
D. C	other State R	legulated Waste A	ctivities:			ontact Water (PC vater facility permi		pter 62-740, F.A.C.] for this activity.
your	facility. List	es for Federally them in the order the transporters list cod	hey are presented	in the r	egulations (e	g., D001, D003, F0	007, U112).	ardous wastes handled at
Î		2	3	4		5	б	7
8		9	10	11		12	13	14
15		16	17	18		19	20	21
22		23	24	25		26	27	28
11.	Other Stati	ıs Changes (Mai	'k 'X' in all that a	apply):				
	☐ (1) Bus ☐ (2) Was	er of Regulated W siness no longer gen ste generated by bus er (explain)	erates, transports, siness has been de	, treats, elisted.	,	ON - HANDLE		
	<ul> <li>□ (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.</li> <li>□ (2) Out of Business - Business closed on</li></ul>							
	C. Pro	perty Tax Default			D. Petition	for Bankruptcy P	rotection	
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  Date Signed								
	<del>-/-</del>	representative				int Name and Ti	ue	(mm-dd-yyyy)
_(	hi	Croc	·	<u> </u>		CHRIS RICCI		
				<del> </del>				
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:								
(Nan	ne of person o	completing this form	n)	(Phor	ne Number)	· · · · · · · · · · · · · · · · · · ·	(E-mail Address)	. 200
13. Comments: For halogen testing: We use sniffers & dexsil kits before picking up the oil.								

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Pambroi	ke Pines FL 33028			AFFORDING CO		NAIC#	
NSURED	RICKY'S OIL SERVICES, INC.			ndian Harbor Inau		36940	
	7209 NW 66 ST		INSURER C	Associated industr	nes		
	MIAMI FL 33166		INSURER D				
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CERT	FICATE HOLDER		ÇANCELL	ATION			
	COEp				CRIBEO POLÍCIES BE CANORULE		
FDEP 62600 BLAIRSTONE ROAD				DATE THEREOF. THE ISSUING INSURER WILL ENDOAVOR TO MAIL 10, DAYS WRITT NOTICE TO THE CENTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO BU 50 5HA			
	TALLAHASSE, FL 32399				BILITY OF ANY KIND UPON THE	INSURER, ITS AGENTS	
	RE: ( Caminiti BC Transit)		REPRESENT AUTHORIZEU	ATIVES. HEPRESENTATIVE	OA C	<>	
ACADI	D 25 (2001/08)				7	CORPORATION 1	



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

DEP Form #62-710.90 [13] Form Title <u>Angwal Roport by Usea Cij</u> god Land Oli Filter Henders Effactivo Dela <u>June 9</u> 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 82-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2009 through December 31, 2009
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 FERSONS						
1. Company Name: RICKY'S OIL SERVICE, INC 2. Telephone No. (305)822-2253						
Site Address: P.O. BOX 669295 MIAMI, FL 33166		,				
3. EP.	A ID No. 091	019 75	5			
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) CHRIS RICCI						
Title PRESIDENT Phone number (if different from #2, above) ()						
5. Type of operation (check as many as apply to your operations) Used Oil: Transporter Transfer Facility Collection Center/Aggregation Point o Processor 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 Olly Wastes collected a. In Florida	Mixed 63000	1525026				
b. From out of state		0				
c. Beginning Inventory		106535				
d. Total (sum of totals from Lines a + b + c)						
	In State	Out of Stat	:0			
2. Amount (in gallons) of Used Oil and Oily Wastes Managed						
N - Not an end use, transferred to another facility for storage or processing	0					
O - Marketed as an on-specification used oil fuel	1165328					
F - Marketed as an off-specification used oil fuel	0					
i - Marketed for an industrial process	0					
B - Burned as an off-specification used oil feet	0					
D - Disposed of  Landfilled  Treated at a wastewater treatment unit Incinerated	0 222300 20350					
3. Total amount (in gallons) of used oil managed	1407978					
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)	223583					

Page 1 of 2

EUX NO: :2028855800

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

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE
Number of filters on hand from previous year	17,250
2. Number of used oil filters collected	629,000
3. Total number of used oil filters to manage (1 plus 2)	646,250
Disposition of used oil filters collected:     a. Transferred to another registered facility	0
<b>b.</b> Burned for energy recovery at a Waste-To-Energy facility	0
<b>c.</b> Transferred directly to a metal foundry, for recycling	646,250
d. TOTAL	646,250
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	0
6. Gallons of used oil collected as a result of filter processing	11,000
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0
8. Volume of oily waste collected and managed as a result of filter processing  9. Description of oily waste management	0

#### DIRECTIONS FOR SECTION C

#### Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One **55** gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One **ton** of drained used oil filters = approximately <u>2,350</u> used oil filters

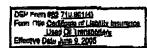
- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number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

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>,



#### Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400



# Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

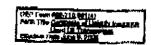
	m or Type Form
1. STATE Farm, (the Insurer)	irer), 16969 NW 67TH AUE
•	
hereby certifies that it has issued liability insurance to: <u>Recu</u>	(Name of the Insured)
Pa Box 440 295	EI N 981019755
(Address of the Insured)	(Name of the Insured)  whose EPA Identification number is FL 5 981019753
This insurance complies with the insured's obligation to dem	
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	r amounts up to \$ \( \int \)   \( \lambda \)   less the deductible or
retention of \$ for each accident exclu-	usive 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 165 878	84 801 59 issued on <u>FLB 1, 2010</u>
This coverage is provided under policy number 165 878  The expiration date of said policy is Aug 1, 2010 (Date)	or the annual renewal date is  (Date)
2. The insurer further certifies the following with respect to the i	Insurance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve to	he Insurer of its obligations under this policy.
<ul> <li>b. The insurer is liable for the payment of amounts within an by the insured for any such payment made by the insurer.</li> </ul>	y deductible applicable to the policy, with a right of reimbursement
<ul> <li>c. Whenever requested by the Secretary (or designee) of the Insurer agrees to furnish to the Department a signed duplicat</li> </ul>	e Florida Department of Environmental Protection (FDEP), the te original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the expiration or non-renewal), will be effective only upon written of such written notice is received by the Secretary of the FDE	notice and only after the expiration of thirty (30) days after a copy
accidents which occur after the termination of the insurance of	ment or judgments against the insured for claims resulting from described herein, but such termination shall not affect the liability of from accidents which occur during the time the policy is in effect.
hereby certify that the insurer is licensed to transact the bus surplus lines insurer, in one or more States, including Florida.	iness of insurance, or eligible to provide insurance as an excess or
effeld on	Authorized Representative of
(Signature of Insurer or Authorized Representative)	<del></del>
ALXANDER TORRES	STATE FARM INSURANCE
(Type Name)	STATE FARM INSURANCE (Name of insurer)
OFFICE REPROSUNTATIVE (Address	6565 NW 67TH AUE MEANE, FL 330/5 es of Representative)
	ss of Representative)

FAX NO. :3058872800

EBOW : BICKAS DIF SEBAICE



### Department of Environmental Protection



# Certificate of Liability Insurance Used Oil Transporters

Please Hits or Type Form 1. STATE FARM (Name of the Insurer) (the insurer), 16969 NW 67TH AVE

(Address of the insurer) hereby certifies that it has issued liability insurance to: RTCKY'S OTC SERVICE (the Insured), (Name of the insured) O. Box 669295
(Address of the Insured) \_whose EPA Identification number is FCD 981019753 This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Fiorida Administrative Code Rule 82-710.600(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 \$ ////// less the deductible or for each accident exclusive of legal defense costs. If a deductible or retantion is applied, its amount may not exceed 10% of the equity of the insured. 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1: a. Bankruptoy or insolvency of the incured shall not relieve the incurer 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 reimburasment 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 (PDEP), 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 mall return receipt. e. The insurer shall not be liable for the payment of any judgment or judgments against the linuxed for claims resulting from excidents 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 excidents which occur during the time the policy is in effect. I hereby certify that the incurer is sceneed to transact the business of insurance, of eligible to provide shaurance as an excess or surplus lines insurer, in one or more States, including Florids. Authorized Representative of

Tul. 19 2010 01:31PM P3

ERX NO. : 38588723880

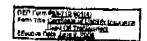
LHX NO: :2028855800

FROM : RICKYS DIL SERVICE

LBOW :BICKAS OIF REBAICE -



### Department of Environmental Protection FORM MS 4550 2000 Stell Stone Road Tallahasees, Fiorida 22399-2400



# Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form Name of the Insurer)

(Name of the Insured) O. BOX 669295 whose EPA Identification number is FLD 981019755 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 \$ /ntm / ntm | less the deductible or \_\_\_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 655 5645 A1857 Issued on July 18, 2010.

The expiration date of said policy is Jan 18, 2011 or the annual renewal date is (Date) 2. The insurer further dertifies the following with respect to the insurence 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-renowal), 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 FOEP as evidenced by conflied 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 affect. I hereby cartify that the insurer is lidensed to transpart 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 ARTXAMOER TONALS
(Type Name)

OFFICE REPRESENTATING
(Name of Insurer)

(Name of Insurer)

(Name of Insurer)

(Name of Insurer)

(Address of Representative)

EUX 40' : 2828835888

FAX NO: :3058872800

EBOW : BICKAS OIF SEBAICE

EROM : RICKYS OIL SERVICE

ES MSIE: 19 2010 SI: SIEM PE



### Department of Environmental Protection FDEP MS 4550 7500 Bisir Stone Road Tallahassee, Florids 32399-2400

DEP Parm #82 7(U.90114) Form File Cartificate of Liability insurance Used Oil Insuspectory Effective Data June 9, 2005

#### **Certificate of Liability Insurance Used Oil Transporters**

	Please Print or T	ype Form	•
STATE FARM (Name of the Insurer)	, (the Insurer),	16969 NW 67	TH AUE
(Name of the Insurer)		(Address of the Insurer)	
hereby certifies that it has issued liability insu	V		
P.O. Box 669295 MIAMZ (Address of the Insured	<i>FC 33146</i> w	hose EPA Identification nu	mber is <u>FL &amp; 981019</u>
This insurance complies with the insured's of	bligation to demonstr	ate the financial responsib	ility required by Florida
Administrative Code Rule 62-710.600(2)(e).	· · -		
The insurance is primary and the company s	hail <b>be lia</b> ble for amo	unts up to \$ /mm / /mm	//mm less the deductible of
retention of \$ for eac	h accident exclusive	of legal defense costs. If a	a deductible or retention is appli
its amount may not exceed 10% of the equity			
This coverage is provided under policy numb  The expiration date of said policy is	er <u>08/ 8234 /</u>	30/ 5 9 issued on _	FEB 1, 2010
The expiration date of said policy is	0 / 20/0 or th (Date)	e annual renewal date is _	(Date)
The insurer further certifies the following with	respect to the insura	nce described in Paragrap	h 1:
a. Bankruptcy or insolvency of the insured sh	all not relieve the ins	urer of its obligations unde	or this policy.
<ul> <li>b. The Insurer is liable for the payment of am by the Insured for any such payment made by</li> </ul>	ounts within any ded the insurer.	uctible applicable to the po	olicy, with a right of reimburseme
o. Whenever requested by the Secretary (or of Insurer agrees to furnish to the Department a	designee) of the Flori signed duplicate orig	da Department of Environs inal of the policy and all er	mental Protection (FDEP), the addressments.
d. Cancellation of the insurance, whether by texpiration or non-renewal), will be effective on of such written notice is received by the Secrement.	ilv upon written natice	sod only after the expirati	on of thirty (36) days after a cor
The Insurer shall not be liable for the paymaccidents which occur after the termination of the Insurer for the payment of any such judgm	the insurance descri	oed herein, but such termir	nation shall not affect the lisbilit
hereby certify that the insurer is licensed to translute lines insurer, in one or more States, in	ransact the business cluding Florida.	of Insurance, or eligible to	provide insurance as an excess
nature of Insurer or Authorized Representativ	e)	Authorized Represen	ntative of
		STATE F	ann Insummed
Title -			
MEXANDER TORRES  B Name)  OFFICE REPRESENTATION  B)		(Name of Insurer)	ARM INSURANCE

FAX NO. : 3058872800



### Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

#### Certificate of Liability Insurance Used Oil Transporters

Please Print or Typ	e Form			
1. STATE Farm (the insurer),	16969 NW 67TH AUE			
hereby certifies that it has issued liability insurance to: RECKY'S o	TL SERVICE (the insured), ne of the Insured)			
P.O. BOX 669 295 mzamz, FZ 33166 who (Address of the Insufed)	ose EPA Identification number is FLD 981019753			
This insurance complies with the insured's obligation to demonstrat				
Administrative Code Rule 62-710,600(2)(e). [See page 2 on the ba				
The insurance is primary and the company shall be liable for amoun	nts up to \$ [man   man   less the deductible or			
retention of \$ for each accident exclusive of				
its amount may not exceed 10% of the equity of the insured,				
This coverage is provided under policy number <u>683 7457 Bo</u> The expiration date of said policy is <u>Aug. 1,2010</u> or the 1Date)	5/59 ieaued on <u>FEB 0/, 20/0</u> . (Dete)			
The expiration date of said policy is <u>Aug. 1, 2010</u> or the (Date)	annual renewal date is(Date)			
2. The insurer further certifies the following with respect to the insuran	ce described in Paragraph 1:			
a. Bankruptcy or insolvency of the insured shall not relieve the insu	rer of its obligations under this policy.			
<ul> <li>b. The insurer is liable for the payment of amounts within any deduited the insured for any such payment made by the insurer.</li> </ul>	ctible applicable to the policy, with a right of reimbursement			
c. Whenever requested by the Secretary (or designee) of the Florid Insurer agrees to furnish to the Department a signed duplicate origin	a Department of Environmental Protection (FDEP), the nel of the policy and all endorsements.			
d. Cancellation of the insurance, whether by the Insurar or the Insurance expiration or non-renewal), will be effective only upon written notice of such written notice is received by the Secretary of the FDEP as elements.	and only after the expiration of thirty (30) days after a copy			
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 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 surplus lines insurer, in one or more States, including Florida.	if insurance, or eligible to provide insurance as an excess or			
(Signature of Insurer or Authorized Representative)	Authorized Representative of			
ALEXANDER TORRES	STATE FARM INSURANCE			
(Type Name)	(Name of insurer)			
OFFICE SUPPLY SUNTATION 16969	(Name of Insurer)  NOW 67TH AUG , MEANE, FL 33015			
(Title) (Address of R	epresentative)			

FRX NO, :3058872800



### Department of Environmental Protection FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32394-2400

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or T	ype Form
STATE FARM (the Insurer).	16969 NW GTTH AUE
(Name of the insurer)	(Address of the Insurer)
1. STATE Farm (the insurer), (Name of the insurer) hereby certifies that it has issued liability insurance to: Reckly's (Name of the insurer)	ozi Seruzce (the Insured), eme of the Insured)
Po. Box 669295 MIAMI FX 33166 N (Address of the Insufed)	rhose EPA Identification number is FL D 981019755
This insurance complies with the insured's obligation to demonstr	ate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e), [See page 2 on the l	
The insurance is primary and the company shall be liable for amo	unts up to \$ [mm//mm //mm less the deductible or
retention of \$ for each accident exclusive	
its amount may not exceed 10% of the equity of the insured,	
This coverage is provided under policy number 026 9925	801 59 issued on FER 1, 2010
This coverage is provided under policy number <u>0.26 9925</u> The expiration date of said policy is <u>Aug (, 2010</u> or the expiration date of said policy is <u>(Date)</u>	ne annual renewal date is (Date)
2. The insurer further certifies the following with respect to the insure	ance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the inc	surer of its obligations under this policy.
b. The insurer is liable for the payment of amounts within any dec by the insured for any such payment made by the insurer.	ductible applicable to the policy, with a right of reimbursement
<ul> <li>Whenever requested by the Scoretary (or designee) of the Flor Insurer agrees to furnish to the Department a signed duplicate original</li> </ul>	
d. Cancellation of the insurance, whether by the Insurer or the Insertition or non-renewal), will be effective only upon written notice of such written notice is received by the Secretary of the FDEP as	e and only after the expiration of thirty (30) days after a copy
<ul> <li>The Insurer shall not be flable for the payment of any judgment accidents which occur after the termination of the insurance descri- the insurer for the payment of any such judgments resulting from a</li> </ul>	bed herein, but such termination shall not affect the liability of
I hereby certify that the insurer is licensed to transact the business surplus lines insurer, in one or more States, including Florida.	of insurance, or eligible to provide insurance as an excess or
(Signature of Insurer or Authorized Representative)	Authorized Representative of
(Signature of Insurer or Authorized Representative)	
ALEXANDER Tonnes	STATE FARM INSURANCE
(Type Name)	(Name of Insurer)
(Type Name)  OFFICE REPARTS ENTRATION (Address of Page 1 of September 2)	NW 67TH AUT MEANT, FL 33018
(Title) (Address of Page 1 of 2	Representative)



### Department of Environmental Protection FDEP MS 4550 7600 Blair Stone Road Taflahassee, Florids 32399-2400

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or 1	Type Form
1. STATE FARM (the Insurer), (the Insurer),	16969 NW 67TH AVE
(Name of the Insurer)	(Address of the Insurer)
hereby certifies that it has issued liability insurance to: Excepts	ame of the insured)
hereby certifies that it has issued liability insurance to: RECEY (NO. BOX 669295 MIAMI, FL 33166 (Address of the Insured)	whose EPA Identification number is FL D 981019753
This insurance complies with the insured's obligation to demonst	
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the	4
The insurance is primary and the company shall be liable for amo	ounts up to \$ Imm Imm less the deductible or
retention of \$ 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 687 3763	Col 5 9 issued on MAR 1, 2010
This coverage is provided under policy number <u>687 37 63</u> The expiration date of said policy is <u>SEPT 1, 2010</u> or to (Date)	the annual renewal date is (Date)
2. The Insurer further certifies the following with respect to the insur	ance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the in	surer of its obligations under this policy.
<ul> <li>The insurer is liable for the payment of amounts within any de- by the insured for any such payment made by the insurer.</li> </ul>	duotible applicable to the policy, with a right of reimbursement
<ul> <li>Whenever requested by the Secretary (or designed) of the Flo Insurer agrees to furnish to the Department a signed duplicate or</li> </ul>	ride Department of Environmental Protection (FDEP), the iginal of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the inexpiration or non-renewal), will be effective only upon written notice of such written notice is received by the Secretary of the FDEP as	ce and only after the expiration of thirty (30) days after a copy
e. The insurer shall not be liable for the payment of any judgmen accidents which occur after the termination of the insurance described the insurer for the payment of any such judgments resulting from	ribed herein, but such termination shall not affect the liability of
I hereby certify that the insurer is licensed to transact the business surplus lines insurer, in one or more States, including Florida.	e of insurance, or eligible to provide insurance as an excess or
E offerd Im	Authorized Representative of
(Signature of Insurer or Authorized Representative)	
(Type Name)	(Name of Insurer)
	·
(Title) (Address of Pege 1 of	Representative)

FMX NO. :3858872880



### Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florids 32399-2400

DEF Form #82 7(U.SE1141) Form 1930 Confidence of Lightilly Inst Libed Of Transportery Effective Date June 8 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Prin	I or Type Form
1. STATE Fanm, (the Insurer)	er). 16969 NW 67TH AUE
(Name of the Insurer)	(Address of the insurer)
hereby certifies that it has issued liability insurance to: Rock	
P.o. Box 669295 MEANT, FL 33166  (Address of the Insured)	whose EPA Identification number is FLD 98101975.
This insurance complies with the insured's obligation to demo	
Administrative Code Rule 62-710.600(2)(e). [See page 2 on 1	the back side of this Form)
The insurance is primary and the company shall be liable for a	amounts up to \$ /mm//mm / /mm less the deductible or
	sive 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 674 066  The expiration date of said policy is 806 1, 2010 (Date)	8 80/59 issued on FLB 1, 20/0
The expiration date of said policy is AUG 1, 2010	or the annual renewal date is
(Date)	(Date)
2. The insurer further certifies the following with respect to the in	surance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the	e insurer of its obligations under this policy.
<ul> <li>The Insurer is liable for the payment of amounts within any by the Insured for any such payment made by the Insurer.</li> </ul>	deductible applicable to the policy, with a right of reimbursement
c. Whenever requested by the Secretary (or designee) of the Insurer agrees to furnish to the Department a signed duplicate	Florida Department of Environmental Protection (FDEP), the original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the Insurer or the expiration or non-renewal), will be effective only upon written not of such written notice is received by the Secretary of the FDEP	olice and only after the expiration of thirty (30) days after a conv
e. The Insurer shall not be liable for the payment of any judgm accidents which occur after the termination of the insurance de the insurer for the payment of any such judgments resulting fro	scribed herein, but such termination shall not affect the liability of
I hereby certify that the insurer is licensed to transact the busin surplus lines insurer, in one or more States, including Florida.	ess of insurance, or eligible to provide insurance as an excess or
(Signature of Insurer or Authorized Representative)	Authorized Representative of
ALLEXANDEN TONKS	STATE FOR T
(Type Name)	(Name of Insurer)
	(Carrie of money)
(Title) (Arthurs	of Representative)
(Address	of 2

FAX NO. :3058872880



### Department of Environmental Protection FDEP MS 4550 7600 Bisir Stone Road Tallahassee, Florida 32399-2400

DEF From #82 7(U.8014)
Form The Gerifforco of Liability insurance
Used Oil Transactive
Effective Date June 9, 2005

# Certificate of Liability Insurance Used Oil Transporters

	Please Print or Type Form	
1 STATE FARM	(Address of the insurer)	
hereby certifies that It has issued liability insura	ance to: Recky's orc Servece (the Insured),  (Name of the Insured)	
P.o. Box 669295 mtamz, FC (Address of the Insured)	x 33/66 whose EPA Identification number is FL D 98/0/9753	
This insurance complies with the insured's obli	igation to demonstrate the financial responsibility required by Fiorida	
Administrative Code Rule 62-710.600(2)(e). [S	See page 2 on the back side of this Form]	
The insurance is primary and the company sha	all be liable for amounts up to \$ /mm / /mm / less the deductible or	
retention of \$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	·	
This coverage is provided under policy number	T. 669 68 48 £02 59, issued on	
The expiration date of seld policy is(	(Date) or the annual renewal date is (Date)	
2. The Insurer further certifies the following with n	respect to the insurance described in Paragraph 1:	
a. Bankruptcy or Insolvency of the insured sha	all not relieve the insurer of its obligations under this policy.	
<ul> <li>b. The insurer is liable for the payment of amo by the insured for any such payment made by t</li> </ul>	ounts within any deductible applicable to the policy, with a right of reimbursement the Insurer.	
	lesignee) of the Florida Department of Environmental Protection (FDEP), the signed duplicate original of the policy and all endorsements.	
expiration or non-renewal), will be effective only	ne insurer or the insured or by any other termination of the insurence (e.g. ly upon written notice and only after the expiration of thirty (30) days after a copy tary of the FDEP as evidenced by certified mail return receipt.	
accidents which occur after the termination of the	ent of any judgment or judgments against the insured for claims resulting from the insurance described herein, but such termination shall not affect the liability of ents resulting from accidents which occur during the time the policy is in effect.	
I hereby certify that the Insurer is licensed to tra- surplus lines insurer, In one or more States, inc	annact the business of insurance, or eligible to provide insurance as an excess or cluding Fiorida.	
(Signature of Insurer or Authorized Representative	Authorized Representative of	
· ·		
(Type Name)	(Name of Insurer)	
OFFICE REMOSENTATIVE	16969 NW 67TH AND MEANT , FC 33015	
(Title)	(Address of Representative)	

FAX NO.: 3858872880

FROM : RICKYS BIL SERVICE



### Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florids 32399-2400

# Certificate of Liability Insurance Used Oil Transporters

Please Print or Typ	oe Form
1. STATE Farm, (the insurer),	16969 NW 67TH AUE
hereby certifies that it has issued liability insurance to: <u>Rocky's o</u> (Name	ne of the Insured)
P.O. Box 669295 MIAMI, FL 33146 Wh (Address of the Insured)	
This insurance complies with the insured's obligation to demonstrate	te the financial responsibility required by Florida
Administrative Code Rule 62-710.500(2)(e). [See page 2 on the be	ick side of this Form)
The insurance is primary and the company shall be liable for amou	nts up to \$ /mm //mm //mm less the deductible or
retention of \$ for each accident exclusive o	
its amount may not exceed 10% of the equity of the insured.	
This coverage is provided under policy number 364 3465 Fo	9755 issued on June 7, 2010
This coverage is provided under policy number $3643465$ For the expiration date of said policy is $DEC$ 7, 200 or the (Date)	annual renewal date is(Date)
2. The insurer further certifies the following with respect to the insurer	nce described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the insu	irer of its obligations under this policy.
<ul> <li>The Insurer is liable for the payment of amounts within any dedu by the Insured for any such payment made by the Insurer.</li> </ul>	ctible applicable to the policy, with a right of reimbursement
<ul> <li>Whenever requested by the Secretary (or designes) of the Florid Insurer agrees to furnish to the Department a signed duplicate original</li> </ul>	
d. Cancellation of the insurance, whether by the insurer or the insu expiration or non-renewal), will be effective only upon written notice of such written notice is received by the Secretary of the FDEP as e	and only after the expiration of thirty (30) days after a copy
e. The Insurer shall not be liable for the payment of any judgment of accidents which occur after the termination of the insurance describ the insurer for the payment of any such judgments resulting from accidents.	ed herein, but such termination shall not affect the liability of
I hereby certify that the Insurer is licensed to transact the business of surplus lines insurer, in one or more States, including Florida.	of insurance, or eligible to provide insurance as an excess or
Signature of Insurer or Authorized Representative)	Authorized Representative of
(una Nama)	(Name of Insurer)
Sype Name)  OFFICE REPOUSENTATION 16568	(reside of median)
Title) (Address of F	Representative)
Page 1 of 2	raki ese iriduve)

FAX NO. 3858872980



### Department of Environmental Protection FDEP MS 4550 2600 Bisir Stone Road Tallahausee, Florids 32399-2400

DEF Form #22 7 (U.SP.) (4)
Form File Cartificato of Liability Insurance
Linest Oil Transposition
Effective Date June 9, 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or Type Form	
1. STATE FARM	(the insurer), 16969 NW 67 <sup>TH</sup> AUE (Address of the insurer)
hereby certifies that it has issued liability insurance	to: Recky's OIL SERVICE (the Insured), (Name of the Insured)
P.O. BOX 669295 MIAMI, FL 3.	3166 whose EPA Identification number is FLD 981019755
	on to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See ]	
The insurance is primary and the company shall be	liable for amounts up to \$ [mm]   mm   leas the deductible or
retention of \$ for each acci-	dent 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 2	29 2854 Bol 59 issued on <u>FLB 1, 2010</u>
The expiration date of said policy is <u>Ava 1, 2</u> (Date	29 2854 801 59 issued on <u>FLB 1, 2010</u> (Date) (Date)
2. The insurer further certifies the following with respec	ct to the insurance described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall no	t relieve the insurer of its obligations under this policy.
<ul> <li>The insurer is liable for the payment of amounts by the insured for any such payment made by the li-</li> </ul>	within any deductible applicable to the policy, with a right of reimbursement neuror.
	nee) of the Florida Department of Environmental Protection (FDEP), the duplicate original of the policy and all endorsements.
expiration or non-renewal), will be effective only upon	surer or the insured or by any other termination of the insurance (e.g. on written notice and only after the expiration of thirty (30) days after a copy of the FDEP as evidenced by certified mail return receipt.
accidents which occur after the termination of the in	fany judgment or judgments against the Insured for claims resulting from surance described herein, but such termination shall not affect the liability of resulting from accidents which occur during the time the policy is in effect.
I hereby certify that the insurer is licensed to transa- surplus lines insurer, in one or more States, includir	of the business of insurance, or eligible to provide insurance as an excess or ag Florida.
Alinda Done	Authorized Representative of
(Signature of Insurer or Authorized Representative)	<del></del>
(Type Name)	STATE FARM INSURANCE
(Type Name)	(Name of insurer)
(TIME)	(Name of Insurer)  16565 NW 67 TH AVE MEANT, FL 33015  (Address of Representative)  Page 1 of 2
(Title)	(Address of Representative)

FAX NO. : 3058872800

LKOW : RICKYS OIL SERVICE



### Department of Environmental Protection FDEP MS 4550 7600 Bisir Stone Road Tallahassee, Florida 32399-2400

# Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form	
STATE Fanm (the insurer), 1 (Name of the Insurer)	16969 NW 67TH AUE
hereby certifies that it has issued liability insurance to: Ruky 5 07 (Name	TL SERVICE (the insured),
P.o. Box 669295 <u>MTAMT, FL 33166</u> who: (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 bad	k side of this Form]
The insurance is primary and the company shall be liable for amount	ts up to \$ /mm / /mm / / me less the deductible or
retention of \$ for each accident exclusive of	legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the insured.	
This coverage is provided under policy number 026 9926	80/59 issued on <u>FEB / 20/0</u>
This coverage is provided under policy number <u>026 9926</u> .  The expiration date of said policy is <u>AUG 1, 200</u> or the (Date)	annual renewal date is (Date)
2. The insurer further certifies the following with respect to the insurance	e described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the insured	er of its obligations under this policy
b. The Insurer is liable for the payment of amounts within any deduct by the insured for any such payment made by the insurer.	tible applicable to the policy, with a right of reimbursement
<ul> <li>Whenever requested by the Secretary (or designee) of the Florida Insurer agrees to furnish to the Department a signed duplicate origin</li> </ul>	Department of Environmental Protection (FDEP), the last of the policy and all endorsements.
d. Cancellation of the insurance, whether by the insurer or the Insurer expiration or non-renewal), will be effective only upon written notice of such written notice is received by the Secretary of the FDEP as every continuous c	and only after the expiration of thirty (30) days after a copy
e. The Insurer shall not be table for the payment of any judgment or accidents which occur after the termination of the insurance describe the Insurer for the payment of any such judgments resulting from acc	ed herein, but such termination shall not affect the liability of
) hereby certify that the insurer is licensed to transact the business o surplus lines insurer, in one or more States, including Florida.	f insurance, or eligible to provide insurance as an excess or
ested In	Authorized Representative of
Signature of Insurer or Authorized Representative)	•
ALEXANDER TORRES	STATE FARM INSURANCE (Name of Insurer)
(Type Name)	
DECICE REPRESENTATIVE 16969.  Title) (Address of R	epresentative)
Title) (Address of R	epresentative)



### Department of Environmental Protection FDEP MS 4550 2600 Blatr Stone Road Tallahassee, Florida 32399-2400

DEF From 982 710.001(4)
Furn 1790 Configure of Lebidic Insurance
Used Oil Insurance
Effective Date June 9, 2005

#### Certificate of Liability Insurance Used Oil Transporters

riegos ritin di 1946	
1. STATE Farm, (the insurer),	16969 NW 67TH AUE
·	
hereby certifies that it has issued liability insurance to: <u>Recky &amp; o.</u> (Nam	ZC SERUZCE (the Insured),
P.o. Box 669295 mtgmt, FC 33166 who (Address of the Insured)	se EPA Identification number is FL & 981019753
This insurance complies with the insured's obligation to demonstrate	e the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back	
The insurance is primary and the company shall be liable for amoun	ts up to \$ /mm / /mm less the deductible or
retention of \$ for each accident exclusive of	
its amount may not exceed 10% of the equity of the insured,	
This coverage is provided under policy number <u>026 9928 8</u>	0/5 9 issued on FEB /, 2010
This coverage is provided under policy number <u>026 992 8 8</u> The expiration date of said policy is <u>Av6 1, 2010</u> or the (Date)	annual renewal date is(Date)
2. The insurer further certifies the following with respect to the insurance	be described in Paragraph 1:
a. Bankruptcy or insolvency of the insured shall not relieve the insur	er of its obligations under this policy.
<ul> <li>b. The insurer is liable for the payment of amounts within any deduct by the insured for any such payment made by the insurer.</li> </ul>	tible applicable to the policy, with a right of reimbursement
c. Whenever requested by the Secretary (or designee) of the Florida Insurer agrees to furnish to the Department a signed duplicate origin	
d. Cancellation of the insurance, whether by the Insurer or the Insurer expiration or non-renewal), will be effective only upon written notice a of such written notice is received by the Secretary of the FDEP as ev	and only after the expiration of thirty (30) days after a copy
e. The Insurer shall not be liable for the payment of any judgment or accidents which occur after the termination of the insurance describe the insurer for the payment of any such judgments resulting from acc	ed herein, but such termination shall not affect the liability of
I hereby certify that the insurer is licensed to transact the business of surplus lines insurer, in one or more States, including Florida.	finsurance, or eligible to provide insurance as an excess or
(Signature of Insurer or Authorized Representative)	Authorized Representative of
•	STATE FARM INSURANCE
(Type Name)	(Name of Insurer)
OFFICE PERESENTATEUE 16969 (Title) (Address of Re	Presentative)
(Title) (Address of Re	epresentative)

FAX NO. : 3858872888

FROM : RICKYS OIL SERVICE



### Department of Environmental Protection FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEF Prim #82 710 801(4)
Form 11th Confliction of United Incorporate
Lines Cil Transportery
Effective Date June 9, 2005

# Certificate of Liability Insurance Used Oil Transporters

Please Print o	Please Print or Type Form	
1. STATE Farm, (the Insurer)	). 16969 NW 67TH AUE	
	·	
hereby certifies that it has issued liability insurance to: Laky	SOIL SERVICE (the Insured), Name of the Insured)	
P.o. Box 669295 <u>MIAMI, FC 33166</u> (Address of the Insufed)	whose EPA Identification number is FLD 981019753	
This insurance complies with the insured's obligation to demons	strate the financial responsibility required by Florida	
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the	e back side of this Form]	
The insurance is primary and the company shall be liable for an	nounts up to \$ /mm/1mm/1mm less the deductible or	
retention of \$ for each accident exclusive	ve 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 039 1843 to	307 5 9 issued on <u>FEB 9, 2010</u>	
This coverage is provided under policy number <u>039 /843 /</u> The expiration date of said policy is <u>AUG 9 2010</u> or (Date)	the annual renewal date is (Date)	
2. The insurer further certifies the following with respect to the insurer	rance described in Paragraph 1:	
a. Bankruptcy or insolvency of the insured shall not relieve the	neurer of its obligations under this policy.	
<ul> <li>b. The insurer is liable for the payment of amounts within any d</li> <li>by the insured for any such payment made by the insurer.</li> </ul>	eductible applicable to the policy, with a right of reimbursement	
<ul> <li>Whenever requested by the Secretary (or designee) of the Filmsurer agrees to furnish to the Department a signed duplicate of</li> </ul>		
d. Cancellation of the insurance, whether by the insurer or the lexibilities or non-renewal), will be effective only upon written not of such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the FDEP and the such written notice is received by the Secretary of the	tice and only after the expiration of thirty (30) days after a copy	
<ul> <li>The Insurer shall not be liable for the payment of any judgme accidents which occur after the termination of the insurance des the insurer for the payment of any such judgments resulting from</li> </ul>	cribed herein, but such termination shall not affect the liability of	
I heraby certify that the Insurer is licensed to transact the busine surplus lines insurer, in one or more States, including Florida.	ss of insurance, or eligible to provide insurance as an excess or	
efleste Done	Authorized Representative of	
(Signature of Insurer or Authorized Representative)		
(Type Name)	(Name of Insurer)	
OFFICE REPRESENTATIVE 168	26° 11 637" aut 117" - 13715	
(Title) (Address (Page 1)	of Representative)	

FAX NO. :3058872800

EROM : RICKYS OIL SERVICE



### Department of Environmental Protection FDEP MS 4650 2600 Steir Stone Road Tallahassee, Florids 32399-2400

DSF Form #52 710.801(4)
Furm File Cedificate of Liability Insurance
Liast OF Immatorials
Sifertive Date June 9, 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

	Please Print or Type Form	
1. STATE FARM	, (the insurer), 16969 NW 67TH AUE  (Address of the insurer)	
(Name of the Insurer)	(Address of the Insurer)	
hereby certifies that it has issued liability insurance	ce to: Reckty's OZL SERVECE (the insured),  (Name of the insured)	
	33166 whose EPA Identification number is FL & 98101975	
	· ·	
This insurance complies with the insured's obligate	ation to demonstrate the financial responsibility required by Florida	
Administrative Code Rule 62-710.600(2)(e). [See	e page 2 on the back side of this Form]	
The insurance is primary and the company shall b	be liable for amounts up to \$ Imm from / 1 mm less the deductible or	
retention of \$ for each acc	ocident exclusive of legal defense costs. If a deductible or retention is applied,	
its amount may not exceed 10% of the equity of the	the Insured.	
This coverage is provided under policy number	075 8720 80/55 issued on FEB 1, 20/0	
The expiration date of said policy is	075 8720 80/55 issued on FEB / 20/0 (Date)  20/0 or the annual renewal date is (Date)	
2. The Insurer further certifies the following with resp	pect to the insurance described in Paragraph 1:	
a. Bankruptcy or insolvency of the insured shall n	not relieve the Insurer of its obligations under this policy.	
<ul> <li>b. The insurer is liable for the payment of amount by the insured for any such payment made by the</li> </ul>	nts within any deductible applicable to the policy, with a right of reimbursement a insurer.	
c. Whenever requested by the Secretary (or designaturer agrees to furnish to the Department a sign	ignee) of the Fiorida Department of Environmental Protection (FDEP), the need duplicate original of the policy and all endorsements.	
expiration or non-renewal), will be effective only up	Insurer or the insured or by any other termination of the insurance (e.g. spon written notice and only after the expiration of thirty (30) days after a copy of the FDEP as evidenced by certified mail return receipt.	
accidents which occur after the termination of the i	of any judgment or judgments against the insured for claims resulting from insurance described herein, but such termination shall not affect the liability of a resulting from accidents which occur during the time the policy is in effect.	
I heraby certify that the insurer is licensed to transc surplus lines insurer, in one or more States, includi	eact the business of insurance, or eligible to provide insurance as an excess or ling Florida.	
Signature of Insurer or Authorized Representative)	Authorized Representative of	
·	·	
YPE Name)	STATE FARM INSURANCE	
	(radino di modra)	
THE)	(Address of Representative)	
•	Page 1 of 2	

EBOW : BICKAR DIF REBNICE

Jun. 16 2010 02:49PM P1

FAX NO. :3858872888

DEP Form #62-710.901(4)
Form Title Sertificate of Elability
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) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>