



## 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**



**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

Received Official Use Only

JUN 28 2010

BSHW

RCRA Info

EPA ID **F L D 9 8 1 0 1 9 7 5 5**

MTS

**1. Reason for  
Submittal**

Mark 'X' in  
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or  
Business Name**

**RICKYS OIL SERVICE, INC**

FEID No.

**5 9 2 3 4 5 5 7 6**

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

Name of Operator:

**CHRIS RICCI**

☐ New Operator

Date became Operator:  /  / **1952**  
mm dd yy

Street or P.O. Box:

**P.O. BOX 669295**

Phone Number:

**305-822-2253**

City or Town:

**MIAMI**

State:

**FL**

Zip Code:

**33166-9430**

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other \_\_\_\_\_

**4. Facility Physical  
Location  
Information**

Physical Street Address:

**7209 NW 66 ST**

City or Town:

**MIAMI**

State:

**FL**

Zip Code:

**33166-3007**

County:

**Dade**

If available, please attach a map or sketch of the facility boundaries.

Latitude: **25 50.0503**

Longitude: **80 18.8527**

Method:

dd mm ss.ssss

dd mm ss.ssss

Datum:

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

A.

**562219**

B.

C.

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

**P.O. BOX 669295**

City or Town:

**MIAMI**

State:

**FL**

Zip Code:

**33166-9430**

**7. Facility or  
Business Contact  
Person**

First Name:

**CHRIS**

Last Name:

**RICCI**

Title:

**PRESIDENT**

Phone Number:

**305-822-2253**

Extension:

**103**

E-Mail:

**CHRIS@RICKYSOIL.COM**

Street or P.O. Box:

**7209 NW 66 ST**

City or Town:

**MIAMI**

State:

**FL**

Zip Code:

**33166-9430**

**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:

**CHRIS RICCI**

☐ New Owner

Date became Owner:  /  / **1952**  
mm dd yy

Street or P.O. Box:

**P.O. BOX 669295**

Phone Number:

**305-822-2253**

City or Town:

**MIAMI**

State:

**FL**

Zip Code:

**33166-9430**

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ 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 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration date \_\_\_\_\_

**d. Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e. ☐ Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_**☐ Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

**☐ Notification of changes in above items****☐ Annual update notification**

**B. Universal Waste (UW) Activities (Mark X if all that apply. ("are included" means at any one time):**

- ☐ Large Quantity Handler (LQH) - 5,000 kg (1,000 lb) or more of an accumulation 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 (4,400 lbs/5,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (4,400 lbs/5,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 42-737.20(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of actually hazardous waste (UW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("Mixture") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UW and always 1 kg or less of acutely hazardous UW accumulated

(1. For those Managing)	Generate/ Accumulate	Transport (to another facility)	Handle at Transf. Facility	(2) Enter your estimate of the accumulation amount (in pounds) for the report of UW in the box supported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

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

(5) Destination Facility for UW ☐ Note: Facilities must be licensed prior to receiving.

**C. Used Oil Activities:**

- (1) Used Oil Transporter - indicate type(s) of activity(ies):
- ☒ a. Transporter
- ☐ b. Transfer Facility
- (2) ☒ Collection Center
- (3) ☒ Used Oil Processor. A permit is required for this activity.
- (4) ☐ Off-Specification Used Oil Burner
- (5) ☒ Used Oil Fuel Marketer
- (6) Used Oil Filter
- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Special 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., is in place, is being adhered to, and any modifications have been made to the training program. They are explained in a statement to the certification body. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DSE Form 62-710.601(4), F.A.C.

*Chris Ricci*  
Signature of Authorized Person  
CHRIS RUCCI  
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.

(8) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

☐ on mailing (business) address

☒ The site (facility) address

EPA ID No.

FLD981019755

**D. Other State Regulated Waste Activities:**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☒ (3) Other (explain) NON - HANDLER

**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.

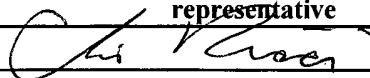
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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**

CHRIS RICCI

**Date Signed****(mm-dd-yyyy)****If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:**

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

For halogen testing: We use sniffers &amp; dextsil kits before picking up the oil.

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
<b>PRODUCER</b> C & C Insurance 1921 NW 150 Ave. Ste. 101 Pembroke Pines FL 33028 <b>INSURED</b> RICKY'S OIL SERVICES, INC. 7209 NW 66 ST MIAMI FL 33166		07/15/2010 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A</b> Indian Harbor Insurance Company		36940
<b>INSURER B</b> Associated Industries		
<b>INSURER C</b>		
<b>INSURER D</b>		
<b>INSURER E</b>		

## 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 INDR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC	0EC0020431101	05/01/2010	05/01/2011	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100000 MED EXP (Any non person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS, COMPOH AND \$ 2000000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: FA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	UEC002043001	05/01/2010	05/01/2011	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	AWC1003977	09/24/2009	09/24/2010	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTH-ER <input type="checkbox"/> LTD/LIMITS EL EACH ACCIDENT \$ 1000000 FI DISEASE - EA EMPLOYEE \$ 1000000 FI DISEASE - POLICY LIMIT \$ 1000000
A	Pollution Liability	PEC001679801	05/01/2010	05/01/2013	\$1000000 each loss \$1000000 total \$25000 retentior

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

\*\*Premises: 7209 NW 66 St, Miami, fl. 33166-Coverage is special form, Including theft up to \$10000, EXCLUDING WIND, \$1000 deductible

## CERTIFICATE HOLDER

FDEP  
 62600 BLAIRSTONE ROAD  
 TALLAHASSEE, FL 32399  
 RE: (Caminiti BC Transl)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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, REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 11



Department of Environmental Protection  
FDEP, MS 4555, 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEF Form #62-710.801(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2008

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. (See Section A, Box 5 below))  
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.801(2)] or equivalent to complete this document.

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: RICKY'S OIL SERVICE, INC 2. Telephone No. (305) 822-2253

Site Address: P.O. BOX 669295 MIAMI, FL 33166

3. EPA ID No. 091 019 755

☐ 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 ☐ Processor ☒ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
1372291	89735	63000	1525026
			0
			106535
			1631561

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

In State	Out of State
0	
1165328	
0	
0	
0	
0	
0	
222300	
20350	
1407978	
223583	

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE

1. Number of filters on hand from previous year.....	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	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry, for recycling.....	646,250	
d. TOTAL.....	646,250	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	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.....	0	
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> used oil filters

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

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





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

DEP Form 62-710.60(14)  
Form 175e Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1000/1000/1000 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 165 8784 80159 issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

[Signature]  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



Department of Environmental Protection  
FDPEP MS 4650 2800 Blair Stone Road Tallahassee, Florida 32389-2400



## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. BOX 669295 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm 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 D135283A1659 issued on JULY 16, 2010  
(Date)

The expiration date of said policy is JAN 16, 2011 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:

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

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

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

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

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

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

Alexander Torres  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE, MIAMI FL 33015  
(Address of Representative)

Page 1 of 2

JUL 19 2010 01:31PM PD

FAX NO.: 30588722800

FROM: RICKY'S OIL SERVICE

JUL 20 2010 09:42AM PD

FAX NO.: 30588722800

FROM: RICKY'S OIL SERVICE



Department of Environmental Protection  
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32309-3400



## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 whose EPA Identification number is FLD 981019755  
(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)(a). (See page 2 on the back side of this Form)

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 655 5645 A1859 issued on JULY 18, 2010  
(Date)

The expiration date of said policy is JAN 18, 2011 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

a. Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under this policy.

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

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

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

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

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

Alexander Tones  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TONES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE, MIAMI FL 33015  
(Address of Representative)

Page 1 of 2

JUL 19 2010 01:31 PM PJ

FAX NO.: 3058872800

FROM: RICKY'S OIL SERVICE

JUL 20 2010 09:42 AM FS

FAX NO.: 3058872800

FROM: RICKY'S OIL SERVICE



# Department of Environmental Protection

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

DEP Form 882 7/10/2010  
Form title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 081823430159 issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

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

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

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

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

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

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

Alexander Torrey  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

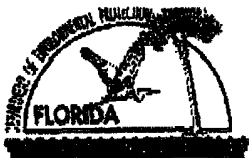
ALEXANDER TORREY  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form 999 7/1/2010  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the Insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 683 7457 86159 issued on FEB 01, 2010  
(Date)

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 insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Tonnas  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TONNAS  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form 982 7/10/03 (12)  
Form 982 Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 8, 2003

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000/1,000,000/1,000,000 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 026992580159, issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

- a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer.
- c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- e. The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Tonn  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TONN  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2

Jun. 16 2010 02:49PM PT

FAX NO.: 3058872800

FROM: RICKY'S OIL SERVICE



Department of Environmental Protection  
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32309-2400

DEP Form #22 710.601(4)  
Form 1700 Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. BOX 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the Insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 6873763C0159 issued on MAR 1, 2010  
(Date)

The expiration date of said policy is SEPT 1, 2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

[Signature]  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER THOMAS  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form #82-710.600(2)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 8, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 6740868 80159, issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

- Bankruptcy or Insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

[Signature]  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TOWLES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2





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

DEP Form 920 7-10-001(4)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 669 6848 E02 57 issued on MAY 2, 2010  
(Date)

The expiration date of said policy is NOV 2, 2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Torgas  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORGAS  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33165  
(Address of Representative)

Page 1 of 2



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

DEP Form #82-710.500(14)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This Insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.500(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 \$ 1mm/1mm/1mm 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 3643465 F0759 issued on JUNE 7, 2010  
(Date)

The expiration date of said policy is DEC 7, 2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Tonnus  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TONNUS  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)  
Page 1 of 2



# Department of Environmental Protection

FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #22 710.600(2)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 8, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 2292854 B0159 issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Torres  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form 682 7(11.2011/12)  
Form title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2003

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 80159, issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

- Bankruptcy or Insolvency of the insured shall not relieve the Insurer of its obligations under this policy
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Torales  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORALES  
(Type Name)

STATE FARM Insurance  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form 892 7/10/01(4)  
Form 1796 Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 026992830159 issued on FEB 1, 2010  
(Date)

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 insurance described in Paragraph 1:

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

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

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

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

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

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

Alexander Tanas  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TANAS  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



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

DEP Form 982 7-10-80(14)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2010

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Rocky's Oil Service (the Insured),  
(Name of the Insured)

P.O. Box 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000/1,000,000 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 039 1843 809 59 issued on FEB 9, 2010  
(Date)

The expiration date of said policy is AUG 9, 2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:

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

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

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

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

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

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

Alexander Toranzo  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORANZO  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2



Department of Environmental Protection  
FDEP MS 4650 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 982 7/10/01 (10)  
Form 982 Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 8, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),  
(Name of the Insured)

P.O. BOX 669295 MIAMI, FL 33166 whose EPA Identification number is FLD 981019755  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1mm/1mm/1mm 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 0758720 80159 issued on FEB 1, 2010  
(Date)

The expiration date of said policy is AUG 6, 2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

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

Alexander Torales  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORALES  
(Type Name)

STATE FARM INSURANCE  
(Name of Insurer)

OFFICE REPRESENTATIVE  
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015  
(Address of Representative)

Page 1 of 2

**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.