



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard, Jr.  
Secretary

01/21/2011

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

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **2635 NE 4th Ave, Pompano Beach, FL 33064-5405** has been registered through **March 1, 2012** with the following status:

Facility ID # **FLD984171256**

**Transporter of Universal Waste Lamps and Devices**

**Small Quantity Handler Facility for Universal Waste Lamps and Devices**

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2012** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8772

EPA ID **F L D 9 8 4 1 7 1 2 5 6**

## 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

Clean Fuels Of Florida Inc

FEID No.

**6 5 0 7 5 9 1 4 6**

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

Name of Operator:

Clean Fuels Of Florida Inc

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

2635 NE 4th Avenue

Phone Number: 954-7919588

City or Town:

Pompano Beach

State: FL

Zip Code: 33064

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

2635 NE 4th Avenue

City or Town:

Pompano Beach

State: FL

Zip Code: 33064

County:

Broward

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

Latitude: \_\_\_\_

\_\_\_\_

\_\_\_\_

Longitude: \_\_\_\_

\_\_\_\_

\_\_\_\_

Method: \_\_\_\_

dd mm ss.ssss

dd mm ss.ssss

Datum: \_\_\_\_

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

A.

562112

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

2635 NE 4th Avenue

City or Town:

Pompano Beach

State: FL

Zip Code: 33064

## 7. Facility or Business Contact Person

First Name:

Steve

Last Name:

Becker

Title:

Operations Mang.

Phone Number:

954-791-9588

Extension:

E-Mail:

sbecker@clean-fuels.net

Street or P.O. Box:

2635 NE 4th Avenue

City or Town:

Pompano Beach

State: FL

Zip Code:

## 8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

Damon Barry Fernandez

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

2635 NE 4th Avenue

Phone Number: 954-791-9588

City or Town:

Pompano Beach

State: FL

Zip Code: 33064

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

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

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☒ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	350
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2500

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

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

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

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:**

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

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

- ☐ Our mailing (business) address
- ☐ The site (facility) address

**9. Type of Regulated Waste Activity (Mark 'X' in all that apply):****A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☒ b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

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

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) ☐ Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) ☐ Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company Endurance American Specialty Insurance Company-Frank H. Furman Inc.Address 1314 East Atlantic Blvd.Pompano Beach, Fl. 33060Contact Frank H. FurmanTelephone 954-943-5050Policy Number ECC10100386002Expiration date 11/3/2011d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e. ☐ Hazardous Waste Transfer Facility:**

Storage Volume \_\_\_\_\_

☐ Initial notification

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

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

EPA ID No.

FLD984171256

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

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

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

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

1	D001	2	D002	3	D003	4	D004	5	D005	6	D006	7	D007
8	F001	9	F002	10	F003	11	F004	12	F005	13	F006	14	F007
15	F008	16	F009	17	F010	18	F011	19	F012	20		21	
22		23		24		25		26		27		28	

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

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

**B. Facility Closed**

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

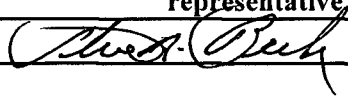
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Steven A. Becker / Operations Manager	12-28-10

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:**

Received

JAN 03 2011

BSHW



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/10/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	<b>CONTACT NAME:</b> Lisa O'Brien <b>PHONE (A/C, No, Ext):</b> (954) 943-5050 <b>FAX (A/C, No):</b> (954) 942-6310 <b>E-MAIL ADDRESS:</b> lisa@furmaninsurance.com <b>PRODUCER CUSTOMER ID #:</b> 00008713														
<b>INSURED</b> Clean Fuels of Florida Inc 2635 NE 4th Avenue Pompano Beach FL 33064	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: <b>Endurance American Specialty</b></td><td><b>41718</b></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Endurance American Specialty</b>	<b>41718</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**

CERTIFICATE NUMBER: 2010-2011 GL

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			ECC10100386002	11/3/2010	11/3/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution			ECC10100386002	11/3/2010	11/3/2011	\$1,000,000/\$2,000,000 DED \$5,000
A	Professional Liability			ECC10100386002	11/3/2010	11/3/2011	\$1,000,000/\$2,000,000 DED \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

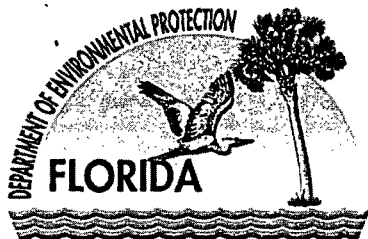
**CERTIFICATE HOLDER****CANCELLATION**

Florida Dept of Environmental Protection  
Bureau of Solid & Hazardous Waste  
MS 4550  
2600 Blair Stone Road MS4550  
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frank Furman, Jr/LT



# 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

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

Clean Fuels Of Florida Inc.		FLD984171256	
(Facility Name)		(EPA id)	
2635 NE 4th Avenue	Pompano Beach	Fl.	33064
(Street Address)	(City)	(State)	(Zip)
954-791-9588	sbecker@clean-fuels.net		
(Phone)	(Fax)	(E-mail)	

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

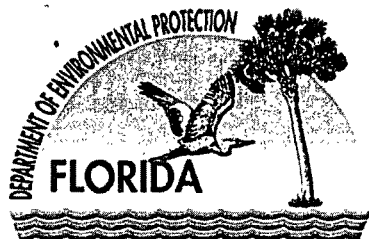
- Estimated number of LAMPS handled during the last calendar year. 7000  
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 25  
Types: Thermostats ☐ Electric Switches/Relays ☐  
Thermometers ☐ Manometers ☒ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 1700 lb.
- Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
7000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AERC COM. Inc.	W. Melbourne	Fl.	321-952-1516
25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AERC COM. Inc.	W. Melbourne	Fl.	321-952-1516
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Print Name of Authorized Agent

Signature of Authorized Agent

Date



# Florida Department of Environmental Protection

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2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ☒

No ☐

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously ☒

Submitted in What Year? 2009

Steven A. Becker  
Print Name of Authorized Agent

Steven A. Becker  
Signature of Authorized Agent

12-29-10  
Date

**Complete, sign and return this checklist along with your registration form to:**

EPA ID Notification Coordinator  
Hazardous Waste Regulation Section MS 4560  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Your transporter registration will not be issued until you complete and return this checklist.**

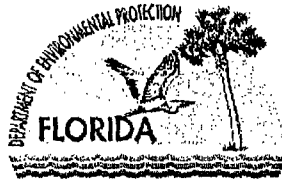
### QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**

TransChkl.doc





## Florida Department of Environmental Protection

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2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

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01/12/2010

Steve Becker  
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2635 NE 4th Ave  
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(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

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If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
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Enclosures