



## 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

06/10/2011

Sharon Lee  
Rineco Transportation LLC  
PO Box 729  
Benton, AR 72018-

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 **1002 Vulcan Rd, Benton, AR 72015** has been registered through **March 1, 2012** with the following status:

Facility ID # **ARR000016733**  
**Transporter of Universal Waste Lamps and Devices**

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  
Hazardous Waste Management Section

Enclosures



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

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

Date Received  
(for FDEP Official Use Only)  
JUN 01 2007  
BSHW

EPA ID

A R R 0 0 0 0 1 6 7 3 3

MTS

RCRAInfo

## 1. Reason for Submittal

Mark 'X' in  
correct box:

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

## 2. Facility or Business Name

RINECO TRANSPORTATION LLC

FEID No.

2 0 5 5 8 9 2 4 2

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

Name of Operator:

RINECO TRANSPORTATION LLC

☐ New Operator

Date became Operator: 08 / 08 / 2007  
mm dd yy

Street or P.O. Box:

P.O. BOX 729

Phone Number:

501.778.9089

City or Town:

BENTON

State:

AR

Zip Code:

720158

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

City or Town:

State:

FL

Zip Code:

County:

Choose

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

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

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:

P.O. BOX 729

City or Town:

BENTON

State:

AR

Zip Code:

72018

## 7. Facility or Business Contact Person

First Name:

SHARON

Last Name:

LEE

Title:

TERMINAL M.

Phone Number:

501.778.9089

Extension:

5195

E-Mail:

sharon.lee@rineco.com

Street or P.O. Box:

P.O. BOX 729

City or Town:

BENTON

State:

AR

Zip Code:

72018

## 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:

RINECO TRANSPORTATION LLC

☐ New Owner

Date became Owner: 08 / 08 / 2007  
mm dd yy

Street or P.O. Box:

P.O. BOX 729

Phone Number:

501.778.9089

City or Town:

BENTON

State:

AR

Zip Code:

72018

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 REGIONS INSURANCE INCAddress 1500 RIVERFRONT DR.  
LITTLE ROCK, AR. 72202Contact LINDA FOSTER Telephone 501.661.4800Policy Number CA7571356, EGU202491 Expiration date 9-1-2011d. 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

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<10,000 LBS
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<10,000 LBS
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<10,000 LBS
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<10,000 LBS
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<10,000 LBS

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

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

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

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

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

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

☐ A check is enclosed.

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

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the 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

**(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

**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) \_\_\_\_\_

**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)

SHARON LEE-MANAGER	5-26-11

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

BARBARA BRYANT

501.778.9089X5318

barbara.bryant@rineco.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

**RINECO PERMITTED WASTE CODES****Attachment I (1 Page)**

D001	D039	K011	K051	K112	U003	U042	U081	U120	U158	U197	U246	U396
D002	D040	K013	K052	K113	U004	U043	U082	U121	U159	U200	U247	U400
D004	D041	K014	K060	K114	U005	U044	U083	U122	U160	U201	U248	U401
D005	D042	K015	K061	K115	U006	U045	U084	U123	U161	U202	U249	U402
D006	D043	K016	K062	K116	U007	U046	U085	U124	U162	U203	U271	U403
D007	F001	K017	K064	K117	U008	U047	U086	U125	U163	U204	U277	U404
D008	F002	K018	K065	K118	U009	U048	U087	U126	U164	U205	U278	U407
D009	F003	K019	K066	K123	U010	U049	U088	U127	U165	U206	U279	U409
D010	F004	K020	K071	K124	U011	U050	U089	U128	U166	U207	U280	U410
D011	F005	K021	K073	K125	U012	U051	U090	U129	U167	U208	U328	U411
D012	F006	K022	K083	K126	U014	U052	U091	U130	U168	U209	U353	
D013	F007	K023	K084	K131	U015	U053	U092	U131	U169	U210	U359	
D014	F008	K024	K085	K132	U016	U055	U093	U132	U170	U211	U364	
D015	F009	K025	K086	K136	U017	U056	U094	U133	U171	U213	U365	
D016	F010	K026	K087	K138	U018	U057	U095	U134	U172	U214	U366	
D017	F011	K027	K088	K141	U019	U058	U096	U135	U173	U215	U367	
D018	F012	K028	K090	K142	U020	U059	U097	U136	U174	U216	U372	
D019	F019	K029	K091	K143	U021	U060	U098	U137	U176	U217	U373	
D020	F024	K030	K093	K144	U022	U061	U099	U138	U177	U218	U375	
D021	F025	K031	K094	K145	U023	U062	U101	U140	U178	U219	U376	
D022	F028	K032	K095	K147	U024	U063	U102	U141	U179	U220	U377	
D023	F032	K033	K096	K148	U025	U064	U103	U142	U180	U221	U378	
D024	F034	K034	K097	K149	U026	U066	U105	U143	U181	U222	U379	
D025	F035	K035	K098	K150	U027	U067	U106	U144	U182	U223	U381	
D026	F037	K036	K099	K151	U028	U068	U107	U145	U183	U225	U382	
D027	F038	K037	K100	K156	U029	U069	U108	U146	U184	U226	U383	
D028	F039	K038	K101	K157	U030	U070	U109	U147	U185	U227	U384	
D029	K001	K039	K102	K158	U031	U071	U110	U148	U186	U228	U385	
D030	K002	K040	K103	K159	U032	U072	U111	U149	U187	U234	U386	
D031	K003	K041	K104	K160	U033	U073	U112	U150	U188	U235	U387	
D032	K004	K042	K105	K161	U034	U074	U113	U151	U189	U236	U389	
D033	K005	K043	K106	K169	U035	U075	U114	U152	U190	U237	U390	
D034	K006	K046	K107	K170	U036	U076	U115	U153	U191	U238	U391	
D035	K007	K047	K108	K171	U037	U077	U116	U154	U192	U239	U392	
D036	K008	K048	K109	K172	U038	U078	U117	U155	U193	U240	U393	
D037	K009	K049	K110	U001	U039	U079	U118	U156	U194	U243	U394	
D038	K010	K050	K111	U002	U041	U080	U119	U157	U196	U244	U395	

Updated 12/30/04

# **RINECO PERMITTED WASTE CODES**

Attachment I (1 Page)

D001	D039	K011	K051	K112	U003	U042	U081	U120	U158	U197	U246	U396
D002	D040	K013	K052	K113	U004	U043	U082	U121	U159	U200	U247	U400
D004	D041	K014	K060	K114	U005	U044	U083	U122	U160	U201	U248	U401
D005	D042	K015	K061	K115	U006	U045	U084	U123	U161	U202	U249	U402
D006	D043	K016	K062	K116	U007	U046	U085	U124	U162	U203	U271	U403
D007	F001	K017	K064	K117	U008	U047	U086	U125	U163	U204	U277	U404
D008	F002	K018	K065	K118	U009	U048	U087	U126	U164	U205	U278	U407
D009	F003	K019	K066	K123	U010	U049	U088	U127	U165	U206	U279	U409
D010	F004	K020	K071	K124	U011	U050	U089	U128	U166	U207	U280	U410
D011	F005	K021	K073	K125	U012	U051	U090	U129	U167	U208	U328	U411
D012	F006	K022	K083	K126	U014	U052	U091	U130	U168	U209	U353	
D013	F007	K023	K084	K131	U015	U053	U092	U131	U169	U210	U359	
D014	F008	K024	K085	K132	U016	U055	U093	U132	U170	U211	U364	
D015	F009	K025	K086	K136	U017	U056	U094	U133	U171	U213	U365	
D016	F010	K026	K087	K138	U018	U057	U095	U134	U172	U214	U366	
D017	F011	K027	K088	K141	U019	U058	U096	U135	U173	U215	U367	
D018	F012	K028	K090	K142	U020	U059	U097	U136	U174	U216	U372	
D019	F019	K029	K091	K143	U021	U060	U098	U137	U176	U217	U373	
D020	F024	K030	K093	K144	U022	U061	U099	U138	U177	U218	U375	
D021	F025	K031	K094	K145	U023	U062	U101	U140	U178	U219	U376	
D022	F028	K032	K095	K147	U024	U063	U102	U141	U179	U220	U377	
D023	F032	K033	K096	K148	U025	U064	U103	U142	U180	U221	U378	
D024	F034	K034	K097	K149	U026	U066	U105	U143	U181	U222	U379	
D025	F035	K035	K098	K150	U027	U067	U106	U144	U182	U223	U381	
D026	F037	K036	K099	K151	U028	U068	U107	U145	U183	U225	U382	
D027	F038	K037	K100	K156	U029	U069	U108	U146	U184	U226	U383	
D028	F039	K038	K101	K157	U030	U070	U109	U147	U185	U227	U384	
D029	K001	K039	K102	K158	U031	U071	U110	U148	U186	U228	U385	
D030	K002	K040	K103	K159	U032	U072	U111	U149	U187	U234	U386	
D031	K003	K041	K104	K160	U033	U073	U112	U150	U188	U235	U387	
D032	K004	K042	K105	K161	U034	U074	U113	U151	U189	U236	U389	
D033	K005	K043	K106	K169	U035	U075	U114	U152	U190	U237	U390	
D034	K006	K046	K107	K170	U036	U076	U115	U153	U191	U238	U391	
D035	K007	K047	K108	K171	U037	U077	U116	U154	U192	U239	U392	
D036	K008	K048	K109	K172	U038	U078	U117	U155	U193	U240	U393	
D037	K009	K049	K110	U001	U039	U079	U118	U156	U194	U243	U394	
D038	K010	K050	K111	U002	U041	U080	U119	U157	U196	U244	U395	

Updated 12/30/04



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

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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.

RINCO Transportation LLC AR12000016733  
(Facility Name) (EPA id)  
1002 Valcon Road Dunbar FL 32015  
(Street Address) (City) (State) (Zip)  
501-776-9449 501-776-4035 Sharon.Lee@RINCO.com  
(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. NONE  
Types: Fluorescent ☐ HID ☐
- Estimated number of DEVICES handled during the last calendar year. NONE  
Types: Thermostats ☐ Electric Switches/Relays ☐  
Thermometers ☐ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 0 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
<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

SHARON LEE

Print Name of Authorized Agent

Sharon Lee

Signature of Authorized Agent

6/10/11

Date





# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

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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? \_\_\_\_\_

SHARON LEE  
Print Name of Authorized Agent

Sharon Lee  
Signature of Authorized Agent

6/10/11  
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.**

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