



# 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

03/29/2012

Jessica Pennington, Environmental Compliance Manager  
Florida Transformer Inc  
4509 State Highway 83 N  
Defuniak Springs, FL 32433-3960

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Florida Transformer Inc** located at **4509 State Highway 83 N, Defuniak Springs , FL32433-3960**

**FLR000168203**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Transfer Facility (reg exp on 06/30/2012).**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000168203](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000168203).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,



FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 74617 , Email Address: [jessica@floridatransformer.com](mailto:jessica@floridatransformer.com)



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)

Received

FEB 28 2012

EPA ID FLR000168203

MTS

RCRA Info BSHW

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

FLORIDA TRANSFORMER, INC.

FEID No.

204402032

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

Name of Operator: VERSATILE PROCESSING GROUP, INC.

New Operator Date became Operator: 08 / 18 / 06 mm dd yy

Street or P.O. Box: 9820 WESTPOINT DRIVE SUITE 300 Phone Number: 317-577-9300

City or Town: INDIANAPOLIS State: IN Zip Code: 46256

Operator Type: Private Federal Municipal State Other CORPORATION

4. Facility Physical Location Information

Physical Street Address: 4509 STATE HIGHWAY 83 NORTH

City or Town: DEFUNIAK SPRINGS State: FL Zip Code: 32433

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

Latitude: 30 78 57.37 Longitude: 86 12 09.25 Method: Datum:

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

A. 335311 B. C. D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: PO BOX 507 City or Town: DEFUNIAK SPRINGS State: FL Zip Code: 32435

7. Facility or Business Contact Person

First Name: Jessica Last Name: Pennington Title: Environmental Mgr

Phone Number: 850-892-2711 Extension: 12 E-Mail: jessica@floridatransformer.com

Street or P.O. Box: 4509 State Highway 83 North City or Town: DeFuniak Springs State: FL Zip Code: 32433

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: VERSATILE PROCESSING GROUP, INC. New Owner Date became Owner: mm dd yy

Street or P.O. Box: 9820 WESTPOINT DRIVE SUITE 300 Phone Number: 317-577-9300

City or Town: INDIANAPOLIS State: IN Zip Code: 46256

Owner Type: Private Federal Municipal State Other CORPORATION

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

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

**(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

**(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' 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 type="checkbox"/>	<input type="checkbox"/>	less than 11,000 pounds
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Pounds

**(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

**(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

Jessica Pennington/Env Mgr

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

**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	D005	4	D007	5	F003	6	F005	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)
<i>Ronald T. Shaw</i>	Ronald T. Shaw - General Manager	2-7-2012

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

MAR 16 2012

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

BSHW

1. Commerce + Industry Insurance Co. (the Insurer), 175 Water Street, New York, NY 10038
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Florida Transformer Inc. (the Insured),
(Name of the Insured)

4509 State Road 83 North, D'Furick, Springs, FL whose EPA Identification number is FLR 000 168 203.
(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 \$1,000,000.00 less the deductible or
retention of \$ -0.00- 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 CA 194-97-34 issued on 10/1/2011
(Date)

The expiration date of said policy is 10/1/2012 or the annual renewal date is October 1
(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.

[Signature]
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Kathrine Moody
(Type Name)

Commerce + Industry Insurance Co
(Name of Insurer)

sr client services specialist
(Title)

15305 N. Dallas Parkway, Ste 100 Addison Tx 75001
(Address of Representative)



Received

FEB 28 2012

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Commerce & Industry Insurance Co., (the Insurer), 175 Water Street New York, NY 10038
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Florida Transformer, Inc. (the Insured),
(Name of the Insured)

4509 State Road 83 North, DeFuniak Springs, Florida whose EPA Identification number is FLR 000 128 203
(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 \$1,000,000.00 less the deductible or
retention of \$0.00 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 CA194-97-34 issued on 10/01/2011
(Date)
The expiration date of said policy is 10/01/2012 or the annual renewal date is October 1
(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.

[Signature]
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Kathrine Moody
(Type Name)

Commerce & Industry Insurance Co.
(Name of Insurer)

Sr. Client Services Specialist
(Title)

15305 N. Dallas Pkwy, Ste. 1100, Addison, TX 75001
(Address of Representative)



Received

FEB 9 8 2012

BSHW

## 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, 2011 through December 31, 2011  
 Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

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

1. Company Name: FLORIDA TRANSFORMER, INC 2. Telephone No. (850) 892-2711

Site Address: 4509 Highway 83 North DeFuniak Springs, FL 32433

3. EPA ID No. FLR000 168 203

Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Jessica Pennington

Title Environmental Compliance Mgr 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
	6615		6615
	3685		3685
			10300

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.....

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

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

In State	Out of State
6615	3685
6615	3685
0	0

**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.....		
2. Number of used oil filters collected.....		
3. Total number of used oil filters to manage (1 plus 2).....		
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....		
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....		
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....		
6. Gallons of used oil collected as a result of filter processing.....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....		
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One <b>55</b> -gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> 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);



# FLORIDA TRANSFORMER, INC.

P.O. BOX 507 • DEFUNIAK SPRINGS, FLORIDA 32435

February 22, 2012

Florida Department of Environmental Protection  
Waste Management Division – HWRS, MS4560  
2600 Blair Stone Rd  
Tallahassee, FL 32399-2400

To Whom It May Concern:

Please find enclosed the required documentation for the Annual Registration of Florida Transformer, Inc. as a Used Oil Transporter/Transfer Facility, as well, as the Used Oil Annual Report. The following enclosures may be found:

- 1) Annual Report by Used Oil Handlers [Form 62-710.901(3)]
- 2) 8700-12FL – Florida Notification of Regulated Waste Activity [Form 62-730.900(1)(b)]
  - i. Certificate of Liability Insurance [Form 62-710.901(4)]
- 3) A check for the required annual registration amount of \$100.00

Please note the training program previously submitted to the Department is still in place and being adhered to.

Please acknowledge receipt of the enclosed information and feel free to contact me with any questions.

Sincerely,

Jessica Pennington  
Environmental Compliance Manager

**Received**

FEB 28 2012

**BSHW**