Florida Department of
Environmental Protection
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

04/16/2013

Michael Metz
Ryder Integrated Logistics Inc
2455 Port West Blvd
Riviera Beach, FL 33407-1214

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 **2455 Port West Blvd, Riviera Beach, FL 33407-1214** has been registered through **March 1, 2014** with the following status:

Facility ID # **FLR000088377**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2014** 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 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 by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Waste Reduction 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)

EPA ID FLR000088377 | MTS | RCRAInfo

1. Reason for Submittal — Mark 'X' in correct box:

Received APR 01 2013 BSHW

- ☐ 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: Ryder Integrated Logistics, Inc

FEID No.: 591506958

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

Name of Operator: Same ☐ New Operator
Date became Operator: 07 / 01 / 2007 (mm dd yy)

Street or P.O. Box: 2455 Port West Blvd **Phone Number:** 561-845-4930

City or Town: Riveria Beach **State:** FL **Zip Code:** 33407

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____

4. Facility Physical Location Information

Physical Street Address: 2455 Port West Blvd

City or Town: Riveria Beach **State:** FL **Zip Code:** 33407

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

Latitude: __ __ __ __ __ __ . ____ (d d m m s s . ssss) **Longitude:** __ __ __ __ __ __ . ____ (d d m m s s . ssss) **Method:** **Datum:**

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

A. B.
C. D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 2455 Port West Blvd

City or Town: Riveria Beach **State:** FL **Zip Code:** 33407

7. Facility or Business Contact Person

First Name: Michael **Last Name:** Metz **Title:** Sr Logistics Mgr

Phone Number: 561-845-4930 **Extension:** **E-Mail:** mmetz@ryder.com

Street or P.O. Box: 2455 Port West Blvd

City or Town: Riveria Beach **State:** FL **Zip Code:** 33407

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: Florida Power & Light ☐ New Owner
Date became Owner: ___ / ___ / ___ (mm dd yy)

Street or P.O. Box: 2455 Port West Blvd **Phone Number:** 561-845-4933

City or Town: Riveria Beach **State:** FL **Zip Code:** 33407

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☒ Other Public Corporation

EPA ID No. FLR000088377

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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☐	☐	☐	
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☒	☐	
e. Mercury Containing Lamps	☐	☒	☐	

(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

(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 orginally 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

	EPA ID No.	FLR000088377

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**

	EPA ID No. FLR000088377

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

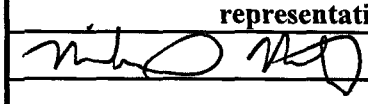
☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.

☐ (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)
	Michael Metz	03-26-2013

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:

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.

Ryder Integrated Logistics, Inc (*Facility Name*) FLR000088377 (*EPA id*)

2455 Port West Blvd (*Street Address*) West Palm Beach (*City*) FL (*State*) (*Zip*)

561-845-4930 (*Phone*) 561-845-4937 (*Fax*) mmetz@ryder.com (*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.

1. Estimated number of LAMPS handled during the last calendar year. 88,900
   Types: Fluorescent ☒ HID ☒
2. Estimated number of DEVICES handled during the last calendar year. 90
   Types: Thermostats ☒ Electric Switches/Relays ☐
   Thermometers ☒ Manometers ☐ Other ☐ _____
3. Estimated weight of DEVICES handled during the last calendar year. 25 lb.
4. 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
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				

Michael Metz — Print Name of Authorized Agent

[signature] — Signature of Authorized Agent

3.26.13 — Date