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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

01/24/2014
Barry Fernandez, President
Clean Fuels of Florida Inc
2635 NE 4th Ave.
Pompano Beach, FL 33064

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 **Clean Fuels of Florida Inc** located at **2635 NE 4th Ave, Pompano Beach , FL33064-5405**

FLD984171256

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

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2015); HW Transporter (reg exp on 11/30/2014).**

Your facility is **currently permitted/active** 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=FLD984171256.
For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley
for

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 55537 , Email Address: barry@clean-fuels.net

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

Date Received (for FDEP Official Use Only)
Received
NOV 07 2013
BSHW

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

Please use the instructions document to complete this form

1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box: (must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
- ■ To provide subsequent notification (to update status and facility identification information).
- ☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s) ■ UW Mercury (see page 3) ■ HW Transporter (see page 4) ■ Used Oil (see page 4)

2. Facility or Business Name

Clean Fuels of Florida, Inc.

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

Name of Operator: Clean Fuels of Florida, Inc.
Date became Operator: ___/___/___ ☐New Operator 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 | Country (if not USA):
Operator Type: ■Private ☐Federal ☐Municipal ☐State ☐County ☐Other_____

4. Facility Physical Location Information (No P.O. Boxes)

■ Same address as #3 above or:

Physical Street Address: 2635 NE 4th Avenue ☐Vessel
City or Town: Pompano Beach | State: FL | Zip Code: 33064
County: Broward | Country (if not USA):

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

A. 5 6 2 1 1 (required) B.
C. D.

6. Facility or Business Mailing Address

■ Same address as #3 above or: Street or P.O. Box:
City or Town: | State: | Zip/Postal Code: | Country (if not USA):

7. Facility or Business RCRA Contact Person

■ Same address as #3 above or:

First Name: Barry | Last Name: Fernandez | Title: President
Phone Number: 954-791-9588 | Extension: | E-Mail: barry@clean-fuels.net | Fax: 954-791-9366
Street or P.O. Box:
City or Town: | State: | Zip Code: | Country (if not USA):

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

■ Same address as #3 above or:

Name of Owner: Desert Rose Environmental Services, Inc.
Date became Owner: ___/___/___ ☐ New Owner mm dd yy
Street or P.O. Box: | Phone Number:
City or Town: | State: | Zip Code: | Country (if not USA):
Owner Type: ■Private ☐Federal ☐Municipal ☐State ☐County ☐Other_____

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No. FLD984171256

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1)Generator of Hazardous Waste

■ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

■ **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 (at least once a year)

☐ **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. Short-Term Generator (one-time, not on-going)
☐ e. Episodic: Not more than one-time per year: __SQG__LQG
☐ f. United States Importer of hazardous waste
☐ g. 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 Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial ☐ Non-Commercial.
Note: 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) ☐ Receives Hazardous Waste from Off-Site

(7) ☐ Underground Injection Control

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, K019, P012, U112).

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

1 D001	2 D002	3 D003	4 D004	5 D005	6 D007	7 D008
8 F001	9 F002	10 F004	11 F005	12 F006	13 F008	14 F009
15 F010	16 F011	17 F012	18 D006	19 F007	20 F003	21 SEE ATTACHMENT for FULL LIST

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)

☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

☐ (2) Out of Business - Business closed on _____ (date)

☐ **(C) Property Tax Default**	☐ **(D) Petition for Bankruptcy Protection**

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

■ Same as Facility RCRA Contact on page 1 or enter:

Contact for:
■ HW Transporter
■ Used Oil Handler
■ Universal Waste

First Name:	Last Name:	Title:
Phone Number:	Extension:	E-Mail:
Street or P.O. Box:		
City or Town:	State:(Country):	Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration | EPA ID No. FLD984171256

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

■ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

Accumulates: ☐ **a. UW Batteries** ☐ **b. Pesticides** ■ **c. Pharmaceuticals**
☐ **d. Mercury Containing Devices** ☐ **e. Mercury Containing Lamps**

☐ **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.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

■ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)

■ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated

☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

■ Florida Universal Pharmaceutical Waste (**UPW**) Transporter

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of $1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

☐ First time registering ■ Renewal ☐ One-time $1,000 fee for Mercury for-hire first time LQH registration is attached

☐ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices ☐ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler ☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one– time $1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ☐ First time registering ☐ Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities: ■ We use Drum Top Bulb Crusher(s).

Universal Waste Handler - lamps, devices, batteries, pharmaceuticals

13. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW)** ☐ **Recovery** ■ **Transport** [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

Hazardous Waste and Used Oil Transporter Registrations	EPA ID No. FLD984171256

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

This form is: ☐ **Initial Registration** ■ **Renewal** ☐ **Notification of changes** ☐ **Cancel Registration**

☐ 1. For own waste only ■ 2. For commercial purposes ■ 3. Both commercial and own waste

4. **Transportation Mode** ☐ Air ☐ Rail ■ Highway ☐ Water ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

This form is: ☐ **Initial Registration** ☐ **Renewal** ☐ **Notification of changes** ☐ **Cancel Registration**

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):

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

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: | | | | | | | | | | | | |

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual $100 registration fee.

This form is: ☐ **Initial Registration** ☐ **Renewal** ☐ **Notification of changes** ☐ **Cancel Registration**

☐ If applicable, a check or money order, in the amount of $100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

☐ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

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

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)

☐ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

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

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FLD984171256

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

__The used oil annual report is attached __ Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.

16. Comments (attach a page if more space is needed):

See attachment for continuation of waste codes

17. 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.

☐ **I certify as a Used Oil Transporter** that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Barry Fernandez, President	☐	11-01-2013
		☐	
		☐	

If the person that 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)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Approved, OMB No. 2050-0028 Expires 10/31/99

FLD984171256

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)*

13	14	15	16	17	18
D001	D002	D003	D004	D005	D006
19	**20**	**21**	**22**	**23**	**24**
D007	D008	D009	D010	D011	D012
25	**26**	**27**	**28**	**29**	**30**
D013	D014	D015	D016	D017	D018
31	**32**	**33**	**34**	**35**	**36**
D019	D020	D021	D022	D023	D024
37	**38**	**39**	**40**	**41**	**42**
D025	D026	D027	D028	D029	D030
43	**44**	**45**	**46**	**47**	**48**
D031	D032	D033	D034	D035	D036
49	**50**	**51**	**52**	**53**	**54**
D037	D038	D039	D040	D041	D042
55	**56**	**57**	**58**	**59**	**60**
D043	F001	F002	F003	F004	F005
61	**62**	**63**	**64**	**65**	**66**
F006	F007	F008	F009	F010	F011
67	**68**	**69**	**70**	**71**	**72**
F012	F019	F024	F025	F027	F032
73	**74**	**75**	**76**	**77**	**78**
F034	F035	F037	F038	F039	K001
79	**80**	**81**	**82**	**83**	**84**
K002	K003	K004	K005	K006	K007
85	**86**	**87**	**88**	**89**	**90**
K008	K009	K010	K011	K013	K014
91	**92**	**93**	**94**	**95**	**96**
K015	K016	K017	K018	K019	K020
97	**98**	**99**	**100**	**101**	**102**
K021	K022	K023	K024	K025	K026
103	**104**	**105**	**106**	**107**	**108**
K027	K028	K029	K030	K031	K032
109	**110**	**111**	**112**	**113**	**114**
K033	K034	K035	K036	K037	K038
115	**116**	**117**	**118**	**119**	**120**
K039	K040	K041	K042	K043	K045

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Form Approved. OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

FLD 984171256

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IX. Description of Regulated Wastes *(Continued; (Additional Sheet)*

B. Listed Hazardous Wastes. ***(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)***

13	14	15	16	17	18
K047	K048	K049	K050	K051	K052
19	**20**	**21**	**22**	**23**	**24**
K060	K061	K062	K064	K065	K066
25	**26**	**27**	**28**	**29**	**30**
K071	K073	K083	K084	K085	K086
31	**32**	**33**	**34**	**35**	**36**
K086	K087	K088	K090	K091	K093
37	**38**	**39**	**40**	**41**	**42**
K094	K095	K096	K097	K098	K099
43	**44**	**45**	**46**	**47**	**48**
K100	K101	K102	K103	K104	K105
49	**50**	**51**	**52**	**53**	**54**
K106	K107	K108	K109	K110	K111
55	**56**	**57**	**58**	**59**	**60**
K112	K113	K114	K115	K116	K117
61	**62**	**63**	**64**	**65**	**66**
K118	K123	K124	K125	K126	K131
67	**68**	**69**	**70**	**71**	**72**
K132	K136	K141	K142	K143	K144
73	**74**	**75**	**76**	**77**	**78**
K145	K147	K148	K149	K150	K151
79	**80**	**81**	**82**	**83**	**84**
K156	K157	K158	K159	K160	K161
85	**86**	**87**	**88**	**89**	**90**
P001	P002	P003	P004	P005	P006
91	**92**	**93**	**94**	**95**	**96**
P007	P008	P009	P010	P011	P012
97	**98**	**99**	**100**	**101**	**102**
P013	P014	P015	P017	P018	P020
103	**104**	**105**	**106**	**107**	**108**
P021	P022	P024	P023	P026	P030
109	**110**	**111**	**112**	**113**	**114**
P031	P033	P034	P036	P038	P039
115	**116**	**117**	**118**	**119**	**120**
P040	P041	P042	P043	P044	P045

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)*

13	14	15	16	17	18
P046	P047	P048	P049	P050	P051
19	**20**	**21**	**22**	**23**	**24**
P054	P056	P057	P058	P059	P060
25	**26**	**27**	**28**	**29**	**30**
P062	P063	P064	P065	P066	P067
31	**32**	**33**	**34**	**35**	**36**
P068	P069	P070	P071	P072	P073
37	**38**	**39**	**40**	**41**	**42**
P074	P075	P076	P077	P078	P081
43	**44**	**45**	**46**	**47**	**48**
P082	P084	P085	P087	P088	P089
49	**50**	**51**	**52**	**53**	**54**
P092	P093	P094	P095	P096	P097
55	**56**	**57**	**58**	**59**	**60**
P098	P099	P101	P102	P103	P104
61	**62**	**63**	**64**	**65**	**66**
P105	P106	P108	P109	P110	P111
67	**68**	**69**	**70**	**71**	**72**
P112	P113	P114	P115	P116	P118
73	**74**	**75**	**76**	**77**	**78**
P119	P120	P121	P122	P123	P127
79	**80**	**81**	**82**	**83**	**84**
P128	P185	P188	P189	P190	P191
85	**86**	**87**	**88**	**89**	**90**
P192	P194	P195	P196	P197	P198
91	**92**	**93**	**94**	**95**	**96**
P199	P201	P202	P203	P204	P205
97	**98**	**99**	**100**	**101**	**102**
U001	U002	U003	U004	U005	U006
103	**104**	**105**	**106**	**107**	**108**
U007	U008	U009	U010	U011	U012
109	**110**	**111**	**112**	**113**	**114**
U014	U015	U016	U017	U018	U019
115	**116**	**117**	**118**	**119**	**120**
U020	U021	U022	U023	U024	U025

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Form Approved. OMB No. 2050-0028 Expires 10/31/99

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IX. Description of Regulated Wastes *(Continued; (Additional Sheet)*

B. Listed Hazardous Wastes. ***(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)***

13	14	15	16	17	18
U026	U027	U028	U029	U030	U031
19	**20**	**21**	**22**	**23**	**24**
U032	U033	U034	U035	U036	U037
25	**26**	**27**	**28**	**29**	**30**
U038	U039	U041	U042	U043	U044
31	**32**	**33**	**34**	**35**	**36**
U045	U046	U047	U048	U049	U050
37	**38**	**39**	**40**	**41**	**42**
U051	U052	U053	U055	U056	U057
43	**44**	**45**	**46**	**47**	**48**
U058	U059	U060	U061	U062	U063
49	**50**	**51**	**52**	**53**	**54**
U064	U066	U067	U068	U069	U070
55	**56**	**57**	**58**	**59**	**60**
U071	U072	U073	U074	U075	U076
61	**62**	**63**	**64**	**65**	**66**
U077	U078	U079	U080	U081	U082
67	**68**	**69**	**70**	**71**	**72**
U083	U084	U085	U086	U087	U088
73	**74**	**75**	**76**	**77**	**78**
U089	U090	U091	U092	U093	U094
79	**80**	**81**	**82**	**83**	**84**
U095	U096	U097	U098	U099	U101
85	**86**	**87**	**88**	**89**	**90**
U102	U103	U105	U106	U107	U108
91	**92**	**93**	**94**	**95**	**96**
U109	U110	U111	U112	U113	U114
97	**98**	**99**	**100**	**101**	**102**
U115	U116	U117	U118	U119	U120
103	**104**	**105**	**106**	**107**	**108**
U121	U122	U123	U124	U125	U126
109	**110**	**111**	**112**	**113**	**114**
U127	U128	U129	U130	U131	U132
115	**116**	**117**	**118**	**119**	**120**
U133	U134	U135	U136	U137	U138

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)*

13	14	15	16	17	18
U140	U141	U142	U143	U144	U145
19	**20**	**21**	**22**	**23**	**24**
U146	U147	U148	U149	U150	U151
25	**26**	**27**	**28**	**29**	**30**
U152	U153	U154	U155	U156	U157
31	**32**	**33**	**34**	**35**	**36**
U158	U159	U160	U161	U162	U163
37	**38**	**39**	**40**	**41**	**42**
U164	U165	U166	U167	U168	U169
43	**44**	**45**	**46**	**47**	**48**
U170	U171	U172	U173	U174	U176
49	**50**	**51**	**52**	**53**	**54**
U177	U178	U179	U180	U181	U181
55	**56**	**57**	**58**	**59**	**60**
U182	U183	U184	U185	U186	U187
61	**62**	**63**	**64**	**65**	**66**
U188	U189	U190	U191	U192	U193
67	**68**	**69**	**70**	**71**	**72**
U194	U196	U197	U200	U201	U202
73	**74**	**75**	**76**	**77**	**78**
U203	U204	U205	U206	U207	U208
79	**80**	**81**	**82**	**83**	**84**
U209	U210	U211	U213	U214	U215
85	**86**	**87**	**88**	**89**	**90**
U216	U217	U218	U219	U220	U221
91	**92**	**93**	**94**	**95**	**96**
U222	U223	U225	U226	U227	U228
97	**98**	**99**	**100**	**101**	**102**
U234	U235	U236	U237	U238	U239
103	**104**	**105**	**106**	**107**	**108**
U240	U243	U244	U246	U247	U248
109	**110**	**111**	**112**	**113**	**114**
U249	U271	U277	U278	U279	U280
115	**116**	**117**	**118**	**119**	**120**
U328	U353	U359	U364	U365	U366

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IX. Description of Regulated Wastes *(Continued; (Additional Sheet)*

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)*

13 U367	14 U372	15 U373	16 U375	17 U376	18 U377
19 U378	20 U379	21 U381	22 U382	23 U383	24 U384
25 U385	26 U386	27 U387	28 U389	29 U390	30 U391
31 U392	32 U393	33 U394	34 U395	35 U396	36 U400
37 U401	38 U402	39 U403	40 U404	41 U407	42 U409
43 U410	44 U411	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/3/2013

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).

PRODUCER	CONTACT NAME: Angela Crow, CISR
Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	PHONE (A/C, No, Ext): (954)943-5050 FAX (A/C, No): (954)942-6310 E-MAIL ADDRESS: angela@furmaninsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Admiral Insurance Co	24856
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Clean Fuels of Florida Inc
2635 NE 4th Avenue
Pompano Beach FL 33064

COVERAGES **CERTIFICATE NUMBER: 13/14 Master** **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		FEIECC1095101	11/3/2013	11/3/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	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)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Contractors Pollution			FEIECC1095101	11/3/2013	11/3/2014	$1,000,000/$2,000,000	Ded $5,000
A	Professional Liability			FEIECC1095101	11/3/2013	11/3/2014	$1,000,000/$2,0000,000	Ded $5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as Additional Insured for General Liability coverage only, as per written contract.

CERTIFICATE HOLDER

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

CANCELLATION

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

Dirk DeJong/ML

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Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Frank H. Furman, Inc.
(Name of Insurer)

(the "Insurer"), of 1314 East Atlantic Boulevard, Pompano Beach, FL 33060
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Clean Fuels of Florida, Inc.
(Name of Insured)

(the "Insured"), of 2635 NE 4th Avenue, Pompano Beach, FL 33064
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
FLD984171256	Clean Fuels of Florida	2635 NE 4th Avenue Pompano Beach, FL 33064

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FEIECC1095101, issued on 11/03/2013 (date).

The effective date of said policy is 11/3/2013 (date) and the expiration date of said policy is 11/03/2014 (date).

This insurance is excess and the company shall not be liable for amounts in excess of $_____ for each accident in excess of the underlying limit of $_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number_____, issued on_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is 11/03/2014 (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.

(Signature of Authorized Representative of Insurer)

Dirk D. DeJong

(Typed name)

Chairman & CEO

(Title)

Authorized Representative of

Frank H. Furman, Inc.

(Name of Insurer)

1314 East Atlantic Boulevard, Pompano Beach, FL 33060

(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13