



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

06/23/2014

Louie Spiru
Thunderbird Trucking LLC
4343 Kennedy Ave.
East Chicago, IN 46312-

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 **4343 Kennedy Ave, East Chicago, IN 46312** has been registered through **March 1, 2015** with the following status:

Facility ID # **INR000123497**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2015** 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) 245-8707

RECEIVED
DEPARTMENT OF ENVIRONMENTAL PROTECTION
(For DEP Official Use Only)

JUN 10 2014

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: I N R 0 0 0 1 2 3 4 9 7

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, - com-
plete 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

Thunderbird Trucking

3. Facility Operator

(List additional Opera-
tors in the comments
section).

Name of Operator:

Thunderbird Trucking

Date became Operator: ____/____/____

☐ New Operator mm dd yy

Street or P.O. Box:

4343 Kennedy Avenue

Phone Number:

(219) 397-3951

City or Town:

East Chicago

State:

IN

Zip Code:

46312

Country (if not USA):

Operator Type:

☐ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other For Hire

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

Physical Street Address:

4343 Kennedy Ave

☐ Vessel

City or Town:

East Chicago

State:

IN

Zip Code:

36312

County:

USA

Country (if not USA):

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

A. 4 8 4 2 3 0 (required) B. _____
C. _____ D. _____

6. Facility or Business Mailing Address

☒ Same address as #__ 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

First Name:

Louie

Last Name:

Spiru

Title:

Transportation Coordinator

Phone Number:

(219) 297-3951

Extension:

E-Mail:

Louie.Spiru@tradebe.com

Fax:

(219) 391-4720

Street or P.O. Box:

☒ Same address as
#__ above or:

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 com- ments section.)

Name of Owner:

No Physical Location in Florida

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):

☐ Same address as
#__ above or:

Owner Type:

☐ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

| | |
|---|--------------------------------|
| RCRA Hazardous Waste Status Notification or Out of Business Notification | EPA ID No. INR000123497 |
|---|--------------------------------|

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

| | |
|--|---|
| <p>(A) (1)Generator of Hazardous Waste</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil)</p> <p>If YES, Choose only one of the following three categories.</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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</p> <p>In addition, indicate other generator activities that apply.</p> <p><input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)</p> <p><input type="checkbox"/> e. Episodic: Not more than one-time per year: <u> </u> SQG <u> </u> LQG</p> <p><input type="checkbox"/> f. United States Importer of hazardous waste</p> <p><input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator</p> | <p>For Items 2 through 7, mark 'X' in all that apply.</p> <p>(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.</p> <p><input type="checkbox"/> a. Operating Commercial TSD</p> <p><input type="checkbox"/> b. Operating Non-Commercial TSD</p> <p><input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</p> <p>(3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.</p> <p>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>(5) <input type="checkbox"/> 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.</p> <p>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</p> <p>(7) <input type="checkbox"/> Underground Injection Control</p> |
|--|---|

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 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |

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)

| | |
|--|--|
| <input type="checkbox"/> (C) Property Tax Default | <input type="checkbox"/> (D) Petition for Bankruptcy Protection |
|--|--|

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

| | | | |
|---|---|-------------------------------|---|
| <input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste | First Name: <u>Louie</u> | Last Name: <u>SPILU</u> | Title: <u>TRMS Coordinator</u> |
| | Phone Number: <u>(219) 397-3951</u> | Extension: <u>2472</u> | E-Mail: <u>Louie.SPILU@TRAPEHE.COM</u> |
| | Street or P.O. Box: <u>4343 Kennedy Avenue</u> | | |
| | City or Town: <u>EAST CHICAGO</u> | State:(Country): <u>IN</u> | Zip Code: <u>46312</u> |

| | | |
|--|---|--|
| Universal Waste Notification and Mercury Transporter/Handler Registration | | EPA ID No. INR000123497 |
| 12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) : | | |
| A. Federal Notification | <input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> 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 <u>only</u> 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 <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached | | |
| | <input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | Annual Registration Required |
| | <input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal | Annual Registration Required |
| Briefly Describe your Universal Waste Activities: _____ <input type="checkbox"/> We use Drum Top Bulb Crusher(s). | | |
| 13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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. INR000123497

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.

(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:

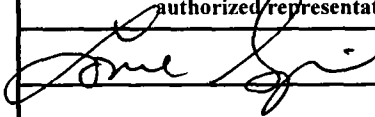
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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):

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) |
|---|------------------------------|-------------------------------------|--------------------------|
|  | LORIE SPIRA TRANSCOORDINATOR | <input checked="" type="checkbox"/> | 5/30/14 |
| | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | |

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)

Are your services commercially available? YES

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: THUNDERBIRD TRUCKING

Transporter EPA ID: ENR 000 123 497

Location Address: 4343 Kennedy Avenue

Contact: LOUIE SPIRY Telephone: (219) 397-3951

Mailing Address: 4343 Kennedy Avenue
EAST CHICAGO IN 46312

II. Insurance Information:

Insurance Company: ZURICH AMERICAN INSURANCE Co.

Address: 26 CENTURY BLVD P.O. Box 305191

NASHVILLE TN 37230-5191

Contact: John BRADY Telephone: 312-288-7429

Policy Number: BAP 544799200

Expiration date: 12/31/14

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

PLEASE SEE ATTACHMENT

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

LOUIE SPIRY

Print/Type Name

Transportation Coordinator

Title

[Signature]

Signature

6/9/14

Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____

Date

Signature of Florida Department of Environmental Protection Representative Date Signed



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/30/2013

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 Willis of Illinois, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191 | CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378 E-MAIL ADDRESS: certificates@willis.com | |
| | INSURER(S) AFFORDING COVERAGE INSURER A: XL Insurance America INSURER B: Zurich American Insurance Company INSURER C: American Zurich Insurance Company INSURER D: INSURER E: INSURER F: | |
| INSURED Tradebe Environmental Service, LLC 1301 West 22nd Street, Suite 500 Oak Brook, IL 60523 | NAIC # 24554-002 16535-007 40142-001 | |

COVERAGES**CERTIFICATE NUMBER:** 20952225**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADD'L SUBR INSRD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|-----------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | US00066349LI13A | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> Blanket Contractual | | | | | PERSONAL & ADV INJURY \$ 2,000,000 |
| | <input checked="" type="checkbox"/> Liability | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | BAP544799200 | 12/31/2013 | 12/31/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> MCS-90 End t | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | US00066348LI14A | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 14,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 14,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | WC544799100 | 12/31/2013 | 12/31/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Site Pollution Liabi | | US00066349LI13A | 12/31/2013 | 12/31/2014 | Aggregate \$30,000,000 |
| | Claims Made | | | | | Each Loss \$10,000,000 |

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

See Attached:

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--------------------|--|
| Evidence Only : | 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 |

Coll:4298222 Tpl:1757241 Cert:20952225 © 1988-2010 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| | | | |
|------------------------------------|-----------|--|--|
| AGENCY Willis of Illinois, Inc. | | NAMED INSURED Tradebe Environmental Service, LLC 1301 West 22nd Street, Suite 500 Oak Brook, IL 60523 | |
| POLICY NUMBER See First Page | | EFFECTIVE DATE: See First Page | |
| CARRIER See First Page | NAIC CODE | | |

ADDITIONAL REMARKS

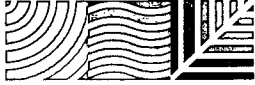
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Additional Named Insureds:

Tradebe GP
Tradebe Capital Corporation
Tradebe Environmental Services, LLC
Tradebe Treatment and Recycling of Tennessee LLC
Tradebe Industrial Services, LLC
Tradebe Onsite Services, LLC
Thunderbird Trucking LLC
Tradebe Treatment and Recycling, LLC
Tradebe Treatment and Recycling Northeast, LLC
Tradebe Treatment and Recycling of Bridgeport, LLC
Tradebe Treatment and Recycling of Stoughton, LLC
Tradebe Treatment and Recycling of Northborough, LLC
Norlite, LLC
Bridgeport Analytical Laboratory, LLC
F.O.G. Services, LLC
Tradebe Transportation, LLC
United Industrial Services, Inc.
Compliance Associates, LLC

Coverage : Contractor's Poll Liability & Professional Liability
Policy : PEC000096404
Policy Period : 04/01/2012 - 04/01/2015
Carrier : Indian Harbor Insurance Company
Limits : \$15,000,000 Each Loss
 : \$15,000,000 Aggregate

Note: there were no Florida Loads shipped from Indiana or Tenn Plants!



TRADEBE

Environmental Services TM

June 9, 2014

Florida Department of Environmental Protection

I asked the insurance company to complete this form and the said that they would mail this document directly to you. Please let me know if you do not receive this completed document.

Thank You

Louie Spiru

Thunderbird Trucking

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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

1. _____
(Name of Insurer)

(the "Insurer"), of _____
(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

(Name of Insured)

(the "Insured"), of _____
(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:

| <u>EPA/DEP I.D. No.</u> | <u>Name</u> | <u>Physical Address</u> |
|-------------------------|-------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(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 \$ _____ 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 _____ (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 _____ (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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)

(Typed name)

(Title)

Authorized Representative of

(Name of Insurer)

(Address of Representative)