

### FLORIDA DEPARTMENT OF

### Environmental Protection

BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

02/26/2015

Raj Singh Stericycle Specialty Waste Solutions Inc 314 Landstreet Rd # B Orlando, FL 32824-

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 **8505 NW 74th St, Miami, FL 33166-2327** has been registered through **March 1, 2016** with the following status:

Facility ID # **FL0000702985** 

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

The registration form for the year **2016** 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 Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

# FLORIDA

## 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 FDER Official RUSe Only)
ENVIRONMENTAL PROTECTION

FEB 1 6 2015

|   |  | <del></del>                                       |                |             |                   |                                  |  |                |                      | COMPLIANCE      |
|---|--|---|----------------|-------------|-------------------|----------------------------------|--|----------------|----------------------|-----------------|
| EPA ID: F L   | 0 0 0 0 7  | 7 0 2 9 8   | <sub>5</sub> 5 | Please use  | the instruct      | tions d                          | document to c                              | mplet          | tethis form F        | PROGRAM         |
| 1. Reason for Submittal (all submitters must (must choose one)  Mark 'X' in the correct box:  (must choose one)  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). |  |   |                |             |                   |                                  | <u> </u>                                   |                |                      |                 |
| (all submitters must complete pages 1 and 2 and sign page 5.  | if a notification)                                       | ■ To provide sull□ To provide th                  |                |             |                   |                                  |  |                |                      |                 |
| Pages 3 and 4, - complete as applicable)  | FL Registration(s)                                       |   |                |             |                   |                                  | porter (see pag                            |                |                      | il (see page 4) |
| 2. Facility or<br>Business Name   |  | Stericycle Specialty Waste Solutions, Inc.        |                |             |                   |                                  |  |                |                      |                 |
| 3. Facility Operator  | Name of Operator: Stericycle S                           |   | Vaste          | Soluti      | ions, lı          | nc.                              | □New Op                                    | perator        | ator: 05 /31<br>mm d |                 |
| (List additional Operators in the comments section).  | Street or P.O. Box:<br>314 B Landstr                     |   |                |             |                   |                                  | Phone Number: (800) 762-9162               |                |                      |                 |
| Sections.   | City or Town:<br>Orlando                                 |   |                |             | State:<br>Florida |                                  | Zip Code:<br>32824                         |                | Country (if not      | USA):           |
|   | . ,,   | Private Fee                                       | deral 🔲        | Municipal   | l □State          | □c                               | County Ot                                  | her Pub        | olicly Traded        |                 |
| 4. Facility Physical  | Physical Street Addr<br>8505 Northwest                   |   |                |             |                   |                                  |  | _              |                      | Vessel          |
| Location<br>Information<br>(No P.O. Boxes)  | City or Town: Miami                                      |   |                |             |                   |                                  | State:<br>Florida                          | 1 -            | Code:<br>8166        |                 |
| Same address as #3 above or:  | Country: Country (if not USA):  Dade                     |   |                |             |                   |                                  |  |                |                      |                 |
| 5. Facility North Ar<br>Classification Sys  |  | A. 56   | 2 1            | 1 2         | (required)        | B.                               |  |                |                      |                 |
| Code(s) (at least 5   |  | C.  _ _   | <u>_ </u>      | <u> _ _</u> |                   | D.                               |  |                |                      |                 |
| 6. Facility or<br>Business  |  | Same address as #3_ above or: Street or P.O. Box: |                |             |                   |                                  |  |                |                      |                 |
| Mailing Address   | City or Town:  |   |                | State       | »: Z              |                                  | ostal Code:                                |                | Country (if not      | ŪSA):<br>       |
| 7. Facility or<br>Business  | First Name:<br>Raj                                       |   |                |             |                   |                                  | Title:<br>Regional                         | Ma             | nager                |                 |
| RCRA Contact Person   |  | (407) 855-0141                                    |                |             |                   | E-Mail:<br>RSingh@Stericycle.com |  |                | Fax: (407) 855       | 5-0354          |
| ☐ Same address as   |  | Street or P.O. Box: 314 B Landstreet Road         |                |             |                   |                                  |  |                |                      |                 |
| #above or:  | Medley   |   |                |             | tate:<br>Iorida   |                                  | Zip Code:<br>32824                         |                | Country (if n        | iot USA):       |
| 8. Real Property<br>(FL Land) Owner   | Name of Owner: Alcosta Far                               | mily Limite                                       | —<br>ed Par    | rtnersl     | hip, L7           |                                  | Date became                                | Owner<br>Owner | ··—                  | dd yy           |
| of the Facility's Physical Location (List additional  | Street or P.O. Box:<br>8505 Northwest 74th               |   |                |             |                   | Ph                               | none Number:<br>05) 788-5450               |                |                      |                 |
| owners in the comments section.)  | City or Town: State:  Medley Florida                     |   |                |             |                   | <u> </u>                         | Zip Code: Country (if not USA): 33166-2327 |                |                      | iot USA):       |
| Same address as # above or:   | Owner Type: Private Pederal Municipal State County Other |   |                |             |                   |                                  |  |                |                      |                 |

| R  | CRA Hazardous Waste Status Notification or Out of Business Notification   |  |                     | EPA ID No. FL0000702985      |  |           |                     |                    |                            |            |               |                         |
|--|---|--|---------------------|------------------------------|--|-----------|---------------------|--------------------|----------------------------|------------|---------------|-------------------------|
| 9.   | RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):   |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
| (A) (1)Generator of Hazardous Waste Fo                               |   |  |                     | For Items 2                  | through                                      | 7, mark ' | X' in all t         | hat apply.         |                            |            |               |                         |
| 1  | Yes [   | ☐ No                                       | (Do no              | t include Univ               | ersal Waste or Used Oil                      | )         | (2) Treas           | er, Store          | r, or Dispo                | ser of Ha  | azardous W    | aste                    |
| I<br>I   |   |  | •                   | of the follow<br>Generator ( | ving three categories.                       |           | (at                 | your faci          | lity) Note:                |            | ous waste por | ermit<br>this activity. |
| '  | = а.  | Generat                                    | es in any           | calendar mo                  | onth 1,000 kilograms                         |           | [                   | a. Ot              | erating Co                 | mmercial   | TSD           | ·                       |
|  |   |  |                     |                              | ,200 lbs.) of non-acut<br>han 1 kg (2.2 lbs) | e         | Į                   |                    | _                          |            | ercial TSD    |                         |
|  |   |  |                     |                              | least once a year)                           |           | l                   |                    | on-Operatir                |            |               | rective Action          |
| (  | ⊐ ь.  |  |                     | Generator (S                 |  |           | (3)                 | Recycler           | of Hazardo                 | ous Wast   | e (at your fa | cility)                 |
|  |   |  |                     |                              | onth greater than kg/mo (>220 to <2,2        | 200       |                     |                    |                            |            | Non-Con       |                         |
|  |   | lbs.) of                                   | non-acut            | e hazardous                  | waste and/or 1 kg                            |           |                     | •                  | •                          |            | trial Furna   |                         |
|  |   |  | or less of once a y | of acute haza<br>/ear)       | rdous waste                                  |           | (4)                 |                    |                            |            | Burner Exe    |                         |
| ١.   | _   | •  |                     | ,                            | _  |           | !                   | _                  | -                          | •          |               | urnace Exemption        |
| • 1  | <b>∟</b> c.   |  |                     | xempt SQG<br>calendar mo     | (CESQG):<br>onth 100 kg/mo or les            | s         | <b>(5)</b>          | D A.               |                            | 4. M       |               | U F 4                   |
|  |   | (220 lbs                                   | s.) of non          | -acute hazar                 | dous waste and 1 kg                          |           | (5)                 |                    | utnorizea i<br>Senerated : |            |               | nally Exempt            |
|  |   | (2.2 lbs                                   | ) or less (         | of acute haza                | rdous waste                                  |           |                     |                    |                            |            |               | if you attach           |
| 1  | In addit  | ion, indi                                  | cate othe           | er generator                 | activities that apply                        | <b>.</b>  |                     |                    |                            |            | eived from    | uch authorization FDEP. |
| Ι.   |   |  |                     | _                            | ne, not on-going)                            |           | (6)                 | ·                  |                            |            |               |                         |
|  | e. Episodic: Not more than one-time per year: _SQG_LQG  |  |                     | )                            |  |           |                     |                    |                            |            |               |                         |
| f. United States Importer of hazardous waste                         |   |  | (7)                 | Undergr                      | ound Injec                                   | ction Con | trol                |                    |                            |            |               |                         |
|  | g. Mixed Waste (hazardous and radioactive) Generator  |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
| 10   |   |  |                     | •                            | Regulated Hazar                              |           |                     |                    |                            |            |               | wastes handled at       |
|  | •   | -  |                     |                              | they are presented in                        |           |                     |                    |                            |            |               |                         |
| 1 .  |   | Hazardou                                   | <sup>2</sup> All F  | ransporters 1                | ist codes routinely or <sup>3</sup> All K    | 4 All     |                     |                    | ents or an a               | additional | page 11 mor   | e spaces are needed.    |
| * A<br>8   | II D  |  | 9 All F             |                              | 10   | 11        | P                   | <sup>5</sup> All U |                            | 13         |               | 14                      |
| 15   |   |  | 16                  |                              | 17   | 18        |                     | 19                 |                            | 20         |               | 21                      |
| 10   |   |  | 10                  |                              |  | ı, ü      |                     |                    |                            | 2"         |               |                         |
| 11.  | . Othe  | r Statu                                    | s Chan              | nges (If no                  | longer handling wast                         | e or cl   | osed, sections 9    | and 10 sh          | ould be bla                | ank and sk | cip Section 1 | 2-16 ):                 |
| (  | (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)                                     |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
|  |   | 1) Busir                                   | ness no lo          | onger generat                | es, transports, treats,                      | stores    | , disposes of, or   | otherwise          | handles an                 | y regulate | ed waste.     |                         |
| (  | B) Faci   | lity Clos                                  | ed (Com             | plete this see               | ction only if all busing                     | ess act   | ivities at this fac | ility have         | ceased.)                   |            |               |                         |
| 1  | , n   | 1) Close                                   | ed at this          | location and                 | moved or moving to                           | anothe    | er - Submit a nev   | v Form 87          | 700-12FL f                 | or the nev | w location if | you will                |
|  | <b>J</b>  |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
| (2) Out of Business - Business closed on(date)                       |   |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
| ☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection  |   |  |                     |                              |  |           |                     |                    |                            |            |               |                         |
| 12   | 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:  First Name:  T.J. |   | Last Name: Mc Caustland Title: Regional ES |                     |                              | onal ES&H Manager                            |           |                     |                    |                            |            |               |                         |
|  | ntact for:  | r-0* ' '                                   |                     | Phone Num                    | (770) 891-2                                  |           | Extension:          | E-Mail:            | TMcC                       | austla     | nd@Ste        | ericycle.com            |
|  | HW Tra  | ansporter                                  |                     | Street or P.0                | <sup>D. Box:</sup> 5158 As                   | hle       | y Drive             |                    |                            |            | <u></u>       |                         |
| City or Town:  |   |  |                     |                              |  | State:(C  | Country):           | eorgia             | Zip Code:                  | 30014      |               |                         |

| Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FL0000702985   |                                       |   |  |  |  |  |
|---|---------------------------------------|---|--|--|--|--|
| 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: <b>a</b> . UW Batteries <b>b</b> . Pesticides  | c. Pharmaceu                          | ıticals   |  |  |  |  |
| d. Mercury Containing Devices   | e. Mercury Contain                    | ning Lamps  |  |  |  |  |
|   |                                       |   |  |  |  |  |
| B. Florida Universal Pharmaceutical Waste (UPW): one-time registration  |                                       |   |  |  |  |  |
| Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accur  | mulated (at any one time)             |   |  |  |  |  |
| Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") ph  | armaceutical waste (UPW               | ) accumulated   |  |  |  |  |
| Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the  | e Florida Department of Heal          | th [DOH])   |  |  |  |  |
| Florida Universal Pharmaceutical Waste (UPW) Transporter  |                                       |   |  |  |  |  |
| C. Florida Annual Mercury Handler Registration:   |                                       |   |  |  |  |  |
| For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities   | of Maraum Cantaini                    | Lamns and   |  |  |  |  |
| [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 Trans  First time registering Renewal One-time \$1,000 fee for Mercury for the state of the state |                                       | <del></del>   |  |  |  |  |
| For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices   | · · · · · · · · · · · · · · · · · · · |   |  |  |  |  |
| For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices   |                                       | Annual<br>Registration  |  |  |  |  |
| Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for   | or-hire handler                       | Required  |  |  |  |  |
| Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-h   | nire handler                          |   |  |  |  |  |
| Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time  | by for-hire handler                   | Annual Registration +   |  |  |  |  |
| Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated  | by for-hire handler                   | one- time \$1,000 fee+<br>More Requirements<br>(contact FDEP) |  |  |  |  |
| (2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for First time registering  Renewal  | this activity)                        | Annual Registration<br>Required                               |  |  |  |  |
| Briefly Describe your Universal Waste Activities:  Pick up and transport Universal waste through transfer station. Load consolidation but no treatment or compacting activities.  |                                       |   |  |  |  |  |
| 13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW)  Note: A water facility permit may be required for this activity. An annual report is required for a rec  | •                                     |   |  |  |  |  |

| Hazardous Waste and Used Oil Transporter Registrati  | ons  | EPA ID No. FL0000702985   |  |
|--|--|---|--|
| 14. HW Transporter Activities: (Mark 'X' and complete all t  | hat apply if you need  | to register your HW Transporter activities)   |  |
| Transporters of and Transfer Facilities for Hazardous Wastenew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detail changes. Registered transporters and transfer facilities may only begin Generators of hazardous waste who transport waste only within the | pursuant to 62-730.1 ed on page 5 the first to operations after rece | 70(2)(a) is required in addition to this registration. itime they register and when the information iving approval from the Department. |  |
| A. HW Transporter Registration Information (must be  | completed annuall  | y and when this information changes)  |  |
| This facility is a registered transporter of hazard  | lous 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 🖳 Highwa   | y Water O  | other - specify   |  |
| B. HW Transfer Facility Registration Information (r  | nust be completed a  | nnually and when this information changes)  |  |
| This facility is a Hazardous Waste Transfer Fa   | cility: (at this locati  | on) Storage Volume  |  |
| This form is: 🔲 Initial Registration 📮 Renewal   | ☐ Notification of  | changes   Cancel Registration   |  |
| Note: Hazardous Waste transfer facilities must comply with th  | e requirements of Ru   | ıle 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.   |  |
| The Transfer Facility records required under the provision   Our mailing (business) address  | ons of Rule 62-730.17 The site (facility)                            |   |  |
| Please enter the EPA ID Number of the HW Transporter who carries the   | e insurance for this Tr  | ansfer Facility: F L 0 p 0 p 7 0 2 9 8 5  |  |
| Please see the top of page 5 for additional items that must be su Transfer Facilities [Rule 62-730.171(3), Florida Administrative C  |  | to the above registration for Hazardous Waste   |  |
| 15. Used Oil and Oil Filter Activities: : (Mark 'X' and con  | pplete all that apply i  | f you need to register your used oil activities),   |  |
| Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer fact annually register with the Department using this form. All except FI \$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  | 0, payable to Florida I  | Department of Environmental Protection is enclosed.   |  |
| (1) Used Oil Transporter - mark activities: (occurring in Florida)   | (6) Used Oil Filt  | er Management (must annually register)  |  |
| a. Transporter (off-site) and noncontiguous locations  | a. Transp  | orter   |  |
| b. Transfer Facility   |  | er Facility   |  |
| (2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)   | ☐ d. End U   | ssor (Annual Report Required )  |  |
| (3) Used Oil Processor (A permit is required)  |  | equired under the provisions of Rule 62-710.510,  |  |
| (4) Gff-Specification Used Oil Burner  | FAC, are kept at (check one):  |   |  |
| (5) Used Oil Fuel Marketer   | - Our main   | ng (business) address   |  |
| Please see the top of page 5 for additional items that must be subrexempt Used Oil Transporters.   | nitted in addition to  | the above registration and fees required for non-   |  |

| Transfer Facility and Used Oil Transporter requirem  | nents and required signature page   | EPA ID No. FLOOO   | 070           | 2985                                 |  |  |  |
|--|---|--|---------------|--------------------------------------|--|--|--|
| (14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the insubsequent submission [Rule 62-730.171(3), Florida Ad  | itial notification for a transfer facility a  | d for Transfer Facilities on<br>and any changed items must   | Page<br>be su | 4, Section 14, the abmitted with any |  |  |  |
| Certification by a responsible corporate officer  Section 403.7211(2), Florida Statut  | of the transporter that the proposed loc<br>tes (F.S.) [Rule 62-730.171(3)(a)1., F.A  |  |               |                                      |  |  |  |
| Evidence of the transporter's financial responsi   | · · ·   | =  |               |                                      |  |  |  |
|  |   |  |               |                                      |  |  |  |
| <del>-</del> -   | _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   | 1 40 CFR 279.40(a)(1-4))  |  |               |                                      |  |  |  |
| In addition to the requirements on Page 4 Secti  |   |  |               |                                      |  |  |  |
| ALL registered UO Handlers must submit their own commons.  | t an annual report except generators tra  | nsporting UO from noncon                                     | tiguo         | us operations within                 |  |  |  |
| <ul><li>their own company.</li><li>UO transporters transporting off-site over</li></ul>  | public highways only within their own   | rompany must submit pro                                      | ofof          | incurance                            |  |  |  |
| UO transporters transporting more than 50  | • •   |  |               |                                      |  |  |  |
| submission as a certified used oil transpor  | -   |  |               |                                      |  |  |  |
| ■ The used oil annual report is attached   | ■ Evidence of Liability Insurance pur   | rsuant to 62-710.600(2)(e).,                                 | F.A.          | C. is attached.                      |  |  |  |
| 16. Comments (attach a page if more space is need  | led)·   | <del></del>  |               |                                      |  |  |  |
| 03/01/15)  |   |  |               |                                      |  |  |  |
| 17. Certification: I certify under penalty of law tha accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belie false information, including the possibility of fine a | ialified personnel properly gather and e<br>f, true, accurate, and complete. I am av  | valuate the information sub<br>are that there are significan | mitte         | d. The information                   |  |  |  |
| I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (   | ng program in place covering the applic   | able used oil rules. Evidend                                 | e of f        |                                      |  |  |  |
| Signature of owner, operator, or an authorized representative  | Print Name and  | Title  | Used<br>Oil   | Date Signed<br>(mm-dd-yyyy)          |  |  |  |
| If Me little   | T.J. Mc Caus  | stland   |               | 02/13/2015                           |  |  |  |
|  |   |  | ▫╽            |                                      |  |  |  |
|  |   |  |               |                                      |  |  |  |
| If the person that filled in this form is not the Facilit  | y Contact or Operator, please comp  | ete the information below                                    | ;             |                                      |  |  |  |
|  |   | Caustland@Stericy  |               | com                                  |  |  |  |
| (Name of person completing this form)  | (Phone Number)  | (E-mail Address)   |               | <del></del>                          |  |  |  |



# 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

# 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.

| Stericycle Specialty was | IN COCO and shorings are   | /v /4m Street                              | Oriando, Florida       |
|--------------------------|--|--|------------------------|
| Facility Name            | Street Ad  | dress                                      | City and State         |
| (407) 855-0141           | (888) 240-43°  | 12 tmccaustland                            | @stericycle.com        |
| Phone                    | Fax  | E-mail                                     |                        |
| Complete                 | ansporters and transfer to all sections and check a er of LAMPS handled do | ll boxes that apply.                       | ,                      |
| Types:                   | Fluorescent 🗹  | HID 🗹                                      |                        |
| 2. Estimated numb        | er of DEVICES handled  | during the last calenda                    | r year. 89             |
| Types:                   | Thermostats <b>2</b> Ele   | ectric Switches/Relays<br>nometers 🗹 Other | <b></b> ✓              |
| 3. Estimated weigh       | <u>at</u> of DEVICES handled o   | luring the last calendar                   | year. <u>342</u> lb.   |
| 4. Estimated <u>numb</u> | <u>er</u> of lamps or devices ye<br>lamps (L) or devices (D                | ou shipped to a mercur                     | y recycling facility.  |
| 72,700                   | Lamp Environmental Indu  | stries, Inc. Independence, Lo              | uisiana (800) 309-9908 |
| Number L☑D☑              | Facility Name  | City/State                                 | Phone                  |
| 72,700                   | Stericycle Specialty Waste S   | Solutions Inc Orlando, Florid              | la (407) 855-0141      |
| Number L☑D□              | Facility Name  | City/State                                 | Phone                  |
|                          |  |  |                        |
| Number L□D□              | Facility Name  | City/State                                 | Phone                  |
| T.J. Mc Caust            |  | 11/14                                      | 02/13/2015             |
| Print Name of Author     | orized Agent Signatu   | re of Authorized Agent                     | Date                   |

### Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

| , , , , , , , , , , , , , , , , , , ,                              | y in your state aware of your activities as a transporter or vaste lamps and devices in Florida?   |
|--|--|
| Yes  | No   |
| written verification from that e activities as a transporter for u | the following in previous years, please enclose some environmental agency that they are aware of your niversal waste lamps and devices in Florida and in your in the form of a letter to you or to the Department, a |
| Submitted Previously _   | Submitted in What Year?  |
| Print Name of Authorized Agent                                     | Signature of Authorized Agent Date   |
| Complete, sign and return thi                                      | s checklist along with your registration form 8700-12FL  |

HWRS, MS 4560 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

#### **QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.