



**FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION**  
BOB MARTINEZ CENTER  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT  
GOVERNOR

CARLOS LOPEZ-CANERA  
LT. GOVERNOR

JONATHAN P. STEVERSON  
SECRETARY

03/05/2015

Jim Hollingsworth  
Shamrock Environmental Corp  
6106 Corporate Park Drive  
Browns Summit, NC 27214-

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 **6106 CORPORATE PARK DRIVE, BROWNS SUMMIT, NC 27214** has been registered through **March 1, 2016** with the following status:

Facility ID # **NC0000942144**  
**Transporter of Universal Waste Lamps and Devices**

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 [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures

		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division—HWRs, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		Date Received (for FDEP Official Use Only) ENVIRONMENTAL PROTECTION <b>FEB 27 2015</b> PERMITTING & COMPLIANCE	
EPA ID: <b>N C 0 0 0 0 9 4 2 1 4 4</b>		Please use the instructions document to complete this form.			
<b>1. Reason for Submittal</b> (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)		<b>Mark 'X' in the correct box:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) <b>FL Registration(s)</b> <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)			
<b>2. Facility or Business Name</b>		<b>Shamrock Environmental Corporation</b>			
<b>3. Facility Operator</b> (List additional Operators in the comments section).		Name of Operator: <b>Shamrock Environmental Corporation</b>		Date became Operator: <u>02</u> / <u>08</u> / <u>1994</u>	
		Street or P.O. Box: <b>6106 Corporate Park Drive</b>		Phone Number: <b>336.375.1989</b>	
		City or Town: <b>Browns Summit</b>	State: <b>NC</b>	Zip Code: <b>27214</b>	Country (if not USA): <b>USA</b>
		Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
<b>4. Facility Physical Location Information</b> (No P.O. Boxes) <input type="checkbox"/> Same address as #3 above or:		Physical Street Address: <span style="float: right;"><input type="checkbox"/> Vessel</span> <b>Same</b> City or Town: _____ State: _____ Zip Code: _____ County: _____ Country (if not USA): _____			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> (at least 5 digits)		A. <b>562219</b>           (required)		B. <b>562910</b>	
		C.		D.	
<b>6. Facility or Business Mailing Address</b>		<input checked="" type="checkbox"/> Same address as #3 above or: Street or P.O. Box: City or Town: _____ State: _____ Zip/Postal Code: _____ Country (if not USA): _____			
<b>7. Facility or Business RCRA Contact Person</b>		First Name: _____ Last Name: <b>Hollingsworth</b> Title: <b>HSE Director</b>		Phone Number: <b>336.375.1989</b> Extension: <b>2017</b> E-Mail: <b>jhollingsworth@shamrockenviro.com</b> Fax: <b>336.375.1801</b>	
		Street or P.O. Box: _____ City or Town: _____ State: _____ Zip Code: _____ Country (if not USA): _____			
<input checked="" type="checkbox"/> Same address as #3 above or:					
<b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.) <input checked="" type="checkbox"/> Same address as #3 above or:		Name of Owner: <b>Shamrock Environmental Corp</b>		Date became Owner: <u>02</u> / <u>08</u> / <u>1994</u> <input type="checkbox"/> New Owner    mm dd yy	
		Street or P.O. Box: <b>6106 Corporate Park Drive</b>		Phone Number: <b>339.375.1989</b>	
		City or Town: <b>Browns Summit</b>	State: <b>NC</b>	Zip Code: <b>27214</b>	Country (if not USA): <b>USA</b>
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>	EPA ID No. <b>NC0000942144</b>
---	--------------------------------

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

<p><b>(A) (1)Generator of Hazardous Waste</b></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"/> <b>a. Large Quantity Generator (LQG):</b> 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 checked="" type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;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"/> <b>c. Conditionally Exempt SQG (CESQG):</b> 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><b>In addition, indicate other generator activities that apply.</b></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: __ SQG __ 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><b>For Items 2 through 7, mark 'X' in all that apply.</b></p> <p><b>(2) Treater, Storer, or Disposer of Hazardous Waste</b> (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><b>(3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility)</b> Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.</p> <p><b>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</b></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><b>(5) <input type="checkbox"/> Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities</b> 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><b>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</b></p> <p><b>(7) <input type="checkbox"/> Underground Injection Control</b></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 D001	2 D002	3 D018	4 D035	5 F001	6 F002	7 F003
8 F005	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):

<p><b>(A) Non-Handler of Regulated Waste at This Facility</b> (Sections 9, 10 and 12-16 should be blank. )</p> <p><input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.</p> <p><b>(B) Facility Closed</b> (Complete this section only if <u>all</u> business activities at this facility have ceased.)</p> <p><input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will</p> <p><input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)</p>	<p><input type="checkbox"/> <b>(C) Property Tax Default</b></p> <p><input type="checkbox"/> <b>(D) Petition for Bankruptcy Protection</b></p>
--	---

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

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:	First Name:	Last Name:	Title:
	Phone Number:	Extension:	E-Mail:
	Street or P.O. Box:		
Contact for <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	City or Town:	State:(Country):	Zip Code:

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. NC0000942144
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>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)</b>  <div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input checked="" type="checkbox"/> a. UW Batteries</span> <span><input checked="" type="checkbox"/> b. Pesticides</span> <span><input checked="" type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> d. Mercury Containing Devices</span> <span><input checked="" type="checkbox"/> e. Mercury Containing Lamps</span> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<b>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).</b>  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>		
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b> <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 <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input checked="" type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
	<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 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)
	<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal	
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span> Collect and transport small quantities of UW. Waste transported to registered UW processors only.		
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input checked="" type="checkbox"/> Recovery <input checked="" 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)]		

**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.).

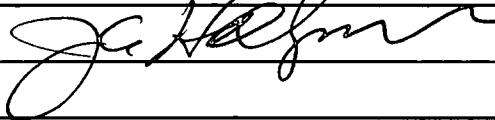
☐ The used oil annual report is attached ☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

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

Certificate of Insurance has been mailed separately.

**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)
	Jim Hollingsworth HSE Director	<input checked="" type="checkbox"/>	02/24/2015
		<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:

Jim Hollingsworth	336.375.1989	jhollingsworth@shamrockenviro.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)



# 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.

Shamrock Environmental Corp 6106 Corporate Park Dr

Browns Summit, NC 27214

Facility Name	Street Address	City and State
800.881.1098	336.375.1801	jhollingsworth@shamrockenviro.com
Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 97085  
Types:      Fluorescent ☒      HID ☒
- Estimated number of DEVICES handled during the last calendar year. 15  
Types:      Thermostats ☒      Electric Switches/Relays ☒  
            Thermometers ☒      Manometers ☒      Other ☐ 15
- Estimated weight of DEVICES handled during the last calendar year. 81 lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.  
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

97085	Veolia Environmental	Tallahassee FL 850.878.2259
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State Phone
15	Veolia Environmental	Tallahassee FL 850.878.2259
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State Phone

Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
Jim Hollingsworth			
Print Name of Authorized Agent	Signature of Authorized Agent	Date	

"More Protection, Less Process"

[www.dep.state.fl.us](http://www.dep.state.fl.us)

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ✓

No       

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously X

Submitted in What Year?        Before 2011

**Jim Hollingsworth**

Print Name of Authorized Agent



Signature of Authorized Agent

**02/25/2015**

Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

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](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**