



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

03/25/2015  
Manny Morera, Gen Mgr  
E-Scrap Inc  
2220 East 11th Avenue  
Hialeah, FL 33013

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **E-Scrap Inc** located at **2220 E 11th Ave, Hialeah , FL33013-4310**

**FLR000128199**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2016).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000128199](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000128199).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

*Robin K. Pandley*  
*Glen*

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 71296 , Email Address: [manny@escrapusa.com](mailto:manny@escrapusa.com)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

Date Received  
(for FDEP Official Use Only)

EPA ID: 000128199

Please use the instructions document to complete this form

## 1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5.)

Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:

(must choose one if a notification)

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

FL Registration(s)

- ☒ UW Mercury (see page 3) ☐ HW Transporter (see page 4) ☐ Used Oil (see page 4)

## 2. Facility or Business Name

E-Scrap, Inc.

## 3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

E-Scrap, Inc.

Date became Operator: 05 / 02 / 06

☐ New Operator mm dd yy

Street or P.O. Box:

2220 East 11th Avenue

Phone Number:

(305) 636 1911

City or Town:  
Hialeah

State:  
FL

Zip Code:  
33013

Country (if not USA):

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

## 4. Facility Physical Location Information

(No P.O. Boxes)

☒ Same address as #3 above or:

Physical Street Address:

☐ Vessel

City or Town:

State:

Zip Code:

County:

Country (if not USA):

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

A. 562920 (required)

B. 562119

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:

Manny

Last Name:

Morera

Title:

General Manager

Phone Number:

(305) 636 1911

Extension:

E-Mail:

manny@mescrapusa.com

Fax:

(305) 694 5136

Street or P.O. Box:

2220 East 11th Avenue

☒ Same address as #\_\_ above or:

City or Town:  
Hialeah

State:  
Florida

Zip Code:  
33013

Country (if not USA):

## 8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section.)

☐ Same address as #\_\_ above or:

Name of Owner:

JTP Realty LLC

Date became Owner: 07 / 08 / 99

☐ New Owner mm dd yy

Street or P.O. Box:

2225 East 11th Avenue

Phone Number:

3(305) 836 0155


City or Town:  
Hialeah

State:  
FL

Zip Code:  
33013

Country (if not USA):

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

		<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)  <div style="font-size: 1.2em; font-weight: bold;">JAN 21 2015</div>																				
EPA ID: <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">8</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">9</span>		Please use the instructions document to complete this form																							
<b>1. Reason for Submittal</b>  <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	<b>Mark 'X' in the correct box:</b> <div style="display: flex; justify-content: space-between;"> <div> <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 checked="" 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)         </div> <div> <b>FL Registration(s)</b>  <input checked="" type="checkbox"/> UW Mercury (see page 3)              <input type="checkbox"/> HW Transporter (see page 4)              <input type="checkbox"/> Used Oil (see page 4)         </div> </div>																								
<b>2. Facility or Business Name</b>	<b>E-Scrap, Inc.</b>																								
<b>3. Facility Operator</b>  <small>(List additional Operators in the comments section).</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Operator: <b>E-Scrap, Inc.</b></td> <td colspan="2">Date became Operator: <u>05</u> / <u>02</u> / <u>06</u></td> </tr> <tr> <td colspan="2">Street or P.O. Box: <b>2220 East 11th Avenue</b></td> <td colspan="2">Phone Number: <b>(305) 636 1911</b></td> </tr> <tr> <td>City or Town: <b>Hialeah</b></td> <td>State: <b>FL</b></td> <td>Zip Code: <b>33013</b></td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Operator 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 _____         </td> </tr> </table>					Name of Operator: <b>E-Scrap, Inc.</b>		Date became Operator: <u>05</u> / <u>02</u> / <u>06</u>		Street or P.O. Box: <b>2220 East 11th Avenue</b>		Phone Number: <b>(305) 636 1911</b>		City or Town: <b>Hialeah</b>	State: <b>FL</b>	Zip Code: <b>33013</b>	Country (if not USA):	Operator 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 _____							
Name of Operator: <b>E-Scrap, Inc.</b>		Date became Operator: <u>05</u> / <u>02</u> / <u>06</u>																							
Street or P.O. Box: <b>2220 East 11th Avenue</b>		Phone Number: <b>(305) 636 1911</b>																							
City or Town: <b>Hialeah</b>	State: <b>FL</b>	Zip Code: <b>33013</b>	Country (if not USA):																						
Operator 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>4. Facility Physical Location Information</b> <small>(No P.O. Boxes)</small>  <input checked="" type="checkbox"/> Same address as #3 above or:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Physical Street Address:</td> <td><input type="checkbox"/> Vessel</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td colspan="2">Zip Code:</td> </tr> <tr> <td>County:</td> <td colspan="3">Country (if not USA):</td> </tr> </table>					Physical Street Address:			<input type="checkbox"/> Vessel	City or Town:	State:	Zip Code:		County:	Country (if not USA):										
Physical Street Address:			<input type="checkbox"/> Vessel																						
City or Town:	State:	Zip Code:																							
County:	Country (if not USA):																								
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> <small>(at least 5 digits)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. <u>5</u><u>6</u><u>2</u><u>9</u><u>2</u><u>0</u> (required)</td> <td style="width:50%;">B. <u>5</u><u>6</u><u>2</u><u>1</u><u>1</u><u>9</u></td> </tr> <tr> <td>C. <u>  </u><u>  </u><u>  </u><u>  </u><u>  </u><u>  </u></td> <td>D. <u>  </u><u>  </u><u>  </u><u>  </u><u>  </u><u>  </u></td> </tr> </table>					A. <u>5</u> <u>6</u> <u>2</u> <u>9</u> <u>2</u> <u>0</u> (required)	B. <u>5</u> <u>6</u> <u>2</u> <u>1</u> <u>1</u> <u>9</u>	C. <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	D. <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>																
A. <u>5</u> <u>6</u> <u>2</u> <u>9</u> <u>2</u> <u>0</u> (required)	B. <u>5</u> <u>6</u> <u>2</u> <u>1</u> <u>1</u> <u>9</u>																								
C. <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	D. <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>																								
<b>6. Facility or Business Mailing Address</b>	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip/Postal Code:</td> <td>Country (if not USA):</td> </tr> </table>					City or Town:	State:	Zip/Postal Code:	Country (if not USA):																
City or Town:	State:	Zip/Postal Code:	Country (if not USA):																						
<b>7. Facility or Business RCRA Contact Person</b>  <input checked="" type="checkbox"/> Same address as #__ above or:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>First Name:</td> <td>Last Name:</td> <td colspan="3">Title:</td> </tr> <tr> <td>Phone Number:</td> <td>Extension:</td> <td>E-Mail:</td> <td colspan="2">Fax:</td> </tr> <tr> <td colspan="5">Street or P.O. Box:</td> </tr> <tr> <td>City or Town: <b>Hialeah</b></td> <td>State:</td> <td>Zip Code:</td> <td colspan="2">Country (if not USA):</td> </tr> </table>					First Name:	Last Name:	Title:			Phone Number:	Extension:	E-Mail:	Fax:		Street or P.O. Box:					City or Town: <b>Hialeah</b>	State:	Zip Code:	Country (if not USA):	
First Name:	Last Name:	Title:																							
Phone Number:	Extension:	E-Mail:	Fax:																						
Street or P.O. Box:																									
City or Town: <b>Hialeah</b>	State:	Zip Code:	Country (if not USA):																						
<b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> <small>(List additional owners in the comments section.)</small>  <input type="checkbox"/> Same address as #__ above or:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Owner: <b>JTP Realty LLC</b></td> <td colspan="3">Date became Owner: ____/____/____</td> </tr> <tr> <td colspan="2">Street or P.O. Box: <b>2225 East 11th Avenue</b></td> <td colspan="3">Phone Number:</td> </tr> <tr> <td>City or Town: <b>Hialeah</b></td> <td>State: <b>FL</b></td> <td>Zip Code: <b>33013</b></td> <td colspan="2">Country (if not USA):</td> </tr> <tr> <td colspan="5">Owner 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 _____         </td> </tr> </table>					Name of Owner: <b>JTP Realty LLC</b>		Date became Owner: ____/____/____			Street or P.O. Box: <b>2225 East 11th Avenue</b>		Phone Number:			City or Town: <b>Hialeah</b>	State: <b>FL</b>	Zip Code: <b>33013</b>	Country (if not USA):		Owner 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 _____				
Name of Owner: <b>JTP Realty LLC</b>		Date became Owner: ____/____/____																							
Street or P.O. Box: <b>2225 East 11th Avenue</b>		Phone Number:																							
City or Town: <b>Hialeah</b>	State: <b>FL</b>	Zip Code: <b>33013</b>	Country (if not USA):																						
Owner 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 _____																									

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):****(A) (1) Generator of Hazardous Waste**☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

☐ **a. Large Quantity Generator (LQG):**

Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ **b. Small Quantity Generator (SQG):**

Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&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)

☐ **c. Conditionally Exempt SQG (CESQG):**

Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. Short-Term Generator (one-time, not on-going)  
☐ e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG  
☐ f. United States Importer of hazardous waste  
☐ g. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD  
☐ b. Operating Non-Commercial TSD  
☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial ☐ Non-Commercial.

Note: A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities**

Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

**(6) Receives Hazardous Waste from Off-Site****(7) Underground Injection Control****10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

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

1	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)

☐ **(C) Property Tax Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

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

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. 000128199
<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 type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input 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. <div style="text-align: right;">A permit is required for storage prior to recycling.</div>	
<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]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
<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"/> <b>Renewal</b> <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input 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		Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
<b>13. Other State Regulated Waste Activities:</b> 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)]		

EPA ID No. 000128199

**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.**

4. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

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

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

[illegible]

**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.)]:**

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

- ☐ 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.):

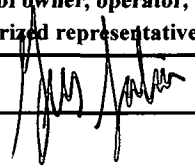
☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

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

- E-Scrap, Inc. Corporate Profile
- Miami-Dade County DERM PERA No. SW-1703
- City of Hialeah: 2015 Business Tax Receipts
- M-DC 2015 Business Tax Receipt
- Spent Lamps Vendor: Lighting Resources, LLC - Ocala, FL 34471 - FDEP id # flr 00070565
- Batteries Vendor: Metal Conversion Technologies LLC - Cartersville, GA - EPA ID # GAR0051003

**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)
	Gustavo Saliva	<input type="checkbox"/>	01/12/2015
		<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:

\_\_\_\_\_  
(Name of person completing this form)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-mail Address)