

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER 2600 BL AIR STONE ROAD

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

04/14/2015

Steve Collins Cliff Berry Inc - Port Everglades Facility PO Box 13079 Fort Lauderdale, FL 33316-0100

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 **3400 SE 9th Ave, Fort Lauderdale, FL 33316** has been registered through **March 1, 2016** with the following status:

Facility ID # FLR000083071

Transporter of Universal Waste Lamps and 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 Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

TAL PRUICULON	8700-12FL - FLORIDA NOTIFICATION O								
SHOULD BE		REGULATED					(for FDEP Offici	RĒ	CEIVED
FLORIDA	-	DEP Waste Manageme 2600 Blair Stone Rd						ENVIROMAE	NTAL PROTECTIO
S FLORIDA		(850)) 245-8707					APR	1 0 2015
EPA ID: F L	R 0 0 0 0	8307	1 Please	use the instruc	ctions de	ocument to co	mplete this form		A COMPLIAN CE PROGRAM
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5.	Mark 'X' in the correct box: (must choose one if a notification)	 To provide initia waste, universal waste, universal waste To provide subset To provide the financial subset 	aste, used oil ac equent notifica	tivities, or PCV	W activit e status a	ies). Ind facility iden	tification information	n).	
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)					orter (see page		l (see page 4)	
2. Facility or Business Name	(Cliff Berry,	Inc	Port E	verg	glades	Facility		
3. Facility	Name of Operator:				1	Date became (/ 2005	
Operator (List additional Opera-	Cliff Berry Street or P.O. Box:					New Ope		id yy	
tors in the comments section).	P.O. Box 130					(954) 763			
	City or Town: Fort Lauderdale			State: FL		Zip Code: 33316	Country (if not	USA):	
	Operator Type:	Private DFeder	al 🛛 Munic	tipal 🛛 State	e 🗆 Co	ounty Oth	er		
4. Facility Physical	Physical Street Add 3400 S.E. 9th /							Vessel	
Location	City or Town:					State:	Zip Code:		
Information (No P.O. Boxes)	Dania Bead	<u>ch</u>				FL	33316		
	Dania Bead County: Broward	ch		Country (if 1			33316		
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A 	County: Broward merican Industry	ch Б_б_2	1 1 2		not USA)		33316		
(No P.O. Boxes) Same address as #3 above or:	County: Broward merican Industry stem (NAICS)	E 6 0	<u> 1 1 2</u> _ _ _		not USA)				
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A Classification Sys Code(s) (at least 5 6. Facility or 	County: Broward merican Industry stem (NAICS) 5 digits)	<u>A. 562</u>	_lll		B.		33316 _		
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A Classification System Code(s) (at least 5) 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City of Town:	A. <u>56</u> 2 C	or P.O. Box:	(required)	B.		33316	USA):	
 (No P.O. Boxes) Same address as #3 above or: Facility North A Classification Sys Code(s) (at least 5 Facility or Business Mailing Address Facility or 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City of Town:	A. <u>5 6 2</u> C. <u>1 1</u> s #3_ above or: Street	or P.O. Box:	(required)	B. D. Zip/Pos		Country (if not	USA):	
 (No P.O. Boxes) Same address as #3 above or: Facility North A Classification Sys Code(s) (at least 5 Facility or Business Mailing Address 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name:	A. <u>5</u> <u>6</u> <u>2</u> C. <u>1</u> <u>1</u> s # <u>3</u> above or: Street	or P.O. Box:	(required)	B. D. Zip/Pos	tal Code:	Country (if not		
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A Classification Sys Code(s) (at least 2) 6. Facility or Business Mailing Address 7. Facility or Business RCRA Contact Person 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name: Steve	A. <u>5</u> <u>6</u> <u>2</u> C. <u>1</u> <u>1</u> s # <u>3</u> above or: Street <u>1</u> 3390 <u>1</u>	or P.O. Box: ast Name: Collins xtension:	(required) (required) E-Mail:	B. D. Zip/Pos	tal Code:	Country (if not irector Fax:		
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A Classification Sys Code(s) (at least 5 6. Facility or Business Mailing Address 7. Facility or Business RCRA 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name: Steve Phone Number: (954) 763-	A. <u>5</u> <u>6</u> <u>2</u> C. <u>1</u> <u>1</u> s # <u>3</u> above or: Street <u>1</u> 3390 <u>1</u>	or P.O. Box: ast Name: Collins xtension:	(required) (required) E-Mail:	B. D. Zip/Pos	tal Code:	Country (if not irector Fax:	9-8375	
 (No P.O. Boxes) Same address as #3 above or: Facility North A Classification Sys Code(s) (at least 4 Facility or Business Mailing Address Facility or Business RCRA Contact Person Same address as #3_above or: Real Property 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name: Steve Phone Number: (954) 763- Street or P.O. Box: City or Town: Name of Owner:	A. <u>5</u> <u>6</u> <u>2</u> C. <u>1</u> <u>1</u> s # <u>3</u> above or: Street 3390 <u>1</u>	or P.O. Box: ast Name: Collins xtension: 007	c (required)	B. D. Zip/Pos	tal Code: itle: SOH D ryinc.com	Country (if not irector Fax: (954) 763	3-8375 not USA): / 1994	
 (No P.O. Boxes) Same address as #3 above or: 5. Facility North A Classification Sys Code(s) (at least 5) 6. Facility or Business Mailing Address 7. Facility or Business RCRA Contact Person Same address as #3_above or: 8. Real Property (FL Land) Owner of the Facility's Physical Location 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name: Steve Phone Number: (954) 763- Street or P.O. Box: City or Town: Name of Owner:	A. <u>5</u> <u>6</u> <u>2</u> c. <u>1</u> <u>1</u> s #3_ above or: Street 3390 1 F 1 7 7 7 7 7 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	or P.O. Box: ast Name: Collins xtension: 007	c (required)	B. D. Zip/Pos I E cliffber	tal Code: itle: SOH D ryinc.com inp Code: Date became (New (one Number:	Country (if not irector Fax: (954) 763 Country (if r	3-8375 not USA): / 1994	
 (No P.O. Boxes) Same address as #3 above or: Facility North A Classification Sys Code(s) (at least 4) Facility or Business Mailing Address Facility or Business RCRA Contact Person Same address as #_3_above or: Real Property (FL Land) Owner of the Facility's 	County: Broward merican Industry stem (NAICS) 5 digits) Same address a City or Town: First Name: Steve Phone Number: (954) 763- Street or P.O. Box: City or Town: Name of Owner: Cliff Berry	A. <u>5</u> <u>6</u> <u>2</u> c. <u>1</u> <u>1</u> s #3_ above or: Street 3390 1 F 1 7 7 7 7 7 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	or P.O. Box: ast Name: Collins xtension: 007	c (required)	B. D. Zip/Pos I E cliffber 2 2 1 9 1 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1	tal Code: itle: SOH D ryinc.com	Country (if not irector Fax: (954) 763	3-8375 not USA): / 1994 dd yy	

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 1 of 5

RCRA Hazardous Waste Status Notification or Out of Business Notificatio				n	EPA ID No. FLR000083071		
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):							
(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.							
Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste							
	of the following three categories.		(at y	your faci	lity) Note: A hazard may be i	ous waste permit required for this activity.	
Generates in any greater per mont hazardous waste of acute hazardo b. Small Quantity O Generates in any 100kg/mo but les Ibs.) of non-acut (2.2 lbs) or less o (at least once a y c. Conditionally E: Generates in any (220 lbs.) of non (2.2 lbs) or less o In addition, indicate othe d. Short-Term Generation e. Episodic: Not more f. United States Impore	calendar month 1,000 kilograms of h (kg/mo) (2,200 lbs.) of non-acut ; or Greater than 1 kg (2.2 lbs) us waste (at least once a year) Generator (SQG): r calendar month greater than ss than 1,000 kg/mo (>220 to <2,2 e hazardous waste and/or 1 kg of acute hazardous waste	2000 s _LQC	(3) R Sp No (4) H (5) P (6) H	 b. Op c. No Pe ecify: ecify: the: A po Exempt I a. Sn b. Sn erson An Waste G Choose to EITHER OR the a Receives 	berating Commercial perating Non-Comm on-Operating: Postcl- rmit or Order (HSW of Hazardous Wast Commercial Co	TSD ercial TSD osure or Corrective Action A, etc.) e (at your facility) non-Commercial. rage prior to recycling. trial Furnace Burner Exemption Refining Furnace Exemption Refining Furnace Exemption Refining Furnace Exempt Facilities ivity ONLY if you attach ication for such authorization eived from FDEP. from Off-Site	
your facility. List them	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 All D ² All F	³ Rarely K	⁴ All	P 5	All U	⁶ No ex	plos ⁷ ives	
8 9	10	11	1	2	13	14	
15 16	17	18	1	9	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 <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on (date) 							
C) Property Tax Default D) Petition for Bankruptcy Protection							
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):							
Same as Facility RCRA Contact on page 1 or enter:	First Name:		Last Name:			Title:	
Contact for:	Phone Number:		Extension:	E-Mail:			
Contact for: HW Transporter Used Oil Handler	Street or P.O. Box:			1			
Universal Waste	City or Town:			State:(C	Country):	Zip Code:	

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 2 of 5

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR0(00083071
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :	
A. Federal Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,0 of any combination of UW accumulated (at any one time)	100 lb) or more
Accumulates: 🖬 a. UW Batteries 🗖 b. Pesticides 🛄 c. Pharmae	ceuticals
d. Mercury Containing Devices 🕘 e. Mercury Cont	taining Lamps
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a A permit is required for storage prior to recycling.	I UW.
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration	
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time	ne)
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UF	W) accumulated
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of H	ealth [DOH])
Florida Universal Pharmaceutical Waste (UPW) Transporter	
C. Florida Annual Mercury Handler Registration:	
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH	
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	· · · · · · · · · · · · · · · · · · ·
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire 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+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) First time registering Renewal	Annual Registration Required
Briefly Describe your Universal Waste Activities: For hire transporter and handler of universal waste (UW).	m Top Bulb Crusher(s).
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) CRecovery Trans Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to	

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710 500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 3 of 5

Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLR000083071						
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 III Renewal IN Notification of changes IC 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):						
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 <u>must</u> <u>annually register</u> 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 IN Notification of changes IC 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) (6) Used Oil Filter Management (must annually register)						
 a. Transporter (off-site) and noncontiguous locations b. Transfer Facility c. Processor (Annual Report Required) 						
(2) Collection Center (From businesses, no more than 55 gal per shipment) Collection Center (From businesses, no more than 55 gal per						
(3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510,						
(4) Off-Specification Used Oil Burner FAC, are kept at (check one): Image: Our mailing (business) address Image: The site (facility) address						
(5) Used Oil Fuel Marketer On-Spec Off-Spec						
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.						

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 4 of 5

Transfer Facility and Used Oil®Transporter requirem	ents and required signature page	EPA ID No.		<u></u>		
(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						
	es (F.S.) [Rule 62-730.171(3)(a)1., F.A	-				
Evidence of the transporter's financial responsib						
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 In addition to the requirements on Page 4 Secti		· · · ·				
 ALL registered UO Handlers must submit their own company. 	an annual report except generators tra	ansporting UO from noncont	tiguou	is operations within		
 UO transporters transporting off-site over UO transporters transporting more than 50 submission as a certified used oil transport 	00 gallons/year must submit proof of i	nsurance annually, and must	sign			
The used oil annual report is attached	Evidence of Liability Insurance pu			C. is attached.		
17. Certification: I certify under penalty of law that our accordance with a system designed to assure that our system						
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	l Title	Used Oil	Date Signed (mm-dd-yyyy)		
	Richard E. Gathright, P	resident & COO		02-16-2015		
If the person that filled in this form is not the Facilit	y Contact or Operator, please comp	lete the information below	l :			
Steve Collins (954) 594-3873 scollins@cliffberryinc.com						
(Name of person completing this form)	(Phone Number)	(E-mail Address)				

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 5 of 5



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll 14. 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.

Cliff Berry, Inc. Port Everglades 3400 SE 9th Ave, Dania Beach, FL 33316

Facility Name	Street Address	City and	State
954-763-3390	954-763-8375	compliance@cliffberryinc.	COM RECEIVED
Phone	Fax	E-mail	APR 102015
Complete	ansporters and transfer faciliti e all sections and check all box	es that apply.	PERMITTING & COMPLIANCE
1. Estimated <u>numb</u> Types:	<u>er</u> of LAMPS handled during Fluorescent ☑	the last calendar year. 1,000 HID ☑	
Types: Therr	nometers 🗹 Manome	Switches/Relays 🗹 eters 🔽 Other 🗌	
3. Estimated weigh	nt of DEVICES handled during	; the last calendar year. <u>10</u>	lb.
4. Estimated <u>numb</u>	<u>eer</u> of lamps or devices you shi r lamps (L) or devices (D). Giv	pped to a mercury recycling	•
ALL	AERC RECYCLING	W. MELBOURNE, FL 321-952	-1516
Number L□D☑	Facility Name	City/State	Phone
Number L D	Facility Name	City/State	Phone
Number $L\Box D\Box$ RICHARD E.		2	Phone -31-14
Print Name of Auth	orized Agent Signature of A	uthorized Agent Da	te

"More Protection, Less Process"

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	Submitted in Wha	t Year?
Richard E. Gathright		12-31-14
Print Name of Authorized Agent	Signature of Authorized Agent	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 <u>laurie.tenace@dep.state.fl.us</u>.

Thank you for your cooperation in providing this information.