



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

02/24/2016

Kim Schmoll
EQ Industrial Services Inc
17440 College Parkway Ste 300
Livonia, MI 48152-

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 **17440 College Parkway, Livonia, MI 48152** has been registered through **March 1, 2017** with the following status:

Facility ID # **MIK435642742**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2017** 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,

A handwritten signature in blue ink, appearing to read "Laurie Tenace".

Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received
RECEIVED
(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION

FEB 16 2016

PERMITTING & COMPLIANCE

EPA ID: M I K 4 3 5 6 4 2 7 4 2

Please use the instructions document to complete this form.

1. Reason for Submittal

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

Pages 3 and 4, - com-
plete as applicable)

Mark 'X' in
the correct box:

(must choose one
if a notification)

☐ To provide initial notification (to obtain an EPA ID Number for hazardous
waste, universal waste, used oil activities, or PCW activities).

☒ To provide subsequent notification (to update status and facility identification information).

☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)

☒ UW Mercury (see page 3)

☒ HW Transporter (see page 4)

☒ Used Oil (see page 4)

2. Facility or Business Name

EQ INDUSTRIAL SERVICES, INC.

3. Facility Operator

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

Name of Operator:

EQ INDUSTRIAL SERVICES, INC.

Date became Operator: 12 / 08 / 2014

Street or P.O. Box:

17440 COLLEGE PARKWAY, SUITE 300

Phone Number:

(734) 521-8104

City or Town:

LIVONIA

State:

MI

Zip Code:

48152

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. 561110 (required)

B. 562112

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

☒ Same address as
#__ above or:

First Name:

Kim

Last Name:

Schmoll

Title:

EHS Coordinator

Phone Number:

(734) 521-8104

Extension:

E-Mail:

EQISQEH@USECOLOGY.COM

Fax:

(734) 521-8135

Street or P.O. Box:

City or Town:

State:

Zip Code:

Country (if not USA):

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

(List additional
owners in the com-
ments section.)

☐ Same address as
#__ above or:

Name of Owner:

Date became Owner: __/__/__

☐ New Owner mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Country (if not USA):

Owner Type:

☐ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ 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 (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)

☐ **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	PLEASE SEE	2	ATTACHMENT	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:	

Universal Waste Notification and Mercury Transporter/Handler RegistrationEPA ID No. **MIK435642742****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: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals
☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps☐ **Destination Facility for UW** Note: For this activity, a facility must treat, dispose or recycle a UW.
A permit is required for storage prior to recycling.**B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- ☐ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you 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 Transporter/Handler for-hire Activities☐ First time registering ☒ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- ☒ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual
Registration
Required

- ☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration +
one-time \$1,000 fee +
More Requirements
(contact FDEP)**(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)**☐ First time registering ☐ RenewalAnnual Registration
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. MIK435642742

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

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

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

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

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

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

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

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

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

(1) Used Oil Transporter - mark activities: (occurring in Florida)

- ☒ a. Transporter (off-site) and noncontiguous locations
☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)

- ☒ a. Transporter
☐ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
☐ Our mailing (business) address ☒ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

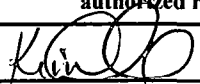
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

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

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

17. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Kim Schmoll, EHS Coordinator	<input checked="" type="checkbox"/>	02/05/2016
		<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:

Kim Schmoll (734) 521-8104 EQISQEHS@usecology.com
(Name of person completing this form) (Phone Number) (E-mail Address)

WASTE CODES FOR FEDERALLY REGULATED HAZARDOUS WASTE

D001	D002	D003	D004	D005	D006	D007	D008	D009	D010	D011	D012	D013	D014	D015
D016	D017	D018	D019	D020	D021	D022	D023	D024	D025	D026	D027	D028	D029	D030
D031	D032	D033	D034	D035	D036	D037	D038	D039	D040	D041	D042	D043	F001	F002
F003	F004	F005	F006	F007	F008	F009	F010	F011	F012	F019	F020	F021	F022	F023
F024	F025	F026	F027	F028	F032	F034	F035	F037	F038	F039	K001	K002	K003	K004
K005	K006	K007	K008	K009	K010	K011	K013	K014	K015	K016	K017	K018	K019	K020
K021	K022	K023	K024	K025	K026	K027	K028	K029	K030	K031	K032	K033	K034	K035
K036	K037	K038	K039	K040	K041	K042	K043	K044	K045	K046	K047	K048	K049	K050
K051	K052	K060	K061	K062	K064	K065	K066	K069	K071	K073	K083	K084	K085	K086
K087	K088	K090	K091	K093	K094	K095	K096	K097	K098	K099	K100	K101	K102	K103
K104	K105	K106	K107	K108	K109	K110	K111	K112	K113	K114	K115	K116	K117	K118
K123	K124	K125	K126	K131	K132	K136	K141	K142	K143	K144	K145	K147	K148	K149
K150	K151	K156	K157	K158	K159	K160	K161	K169	K170	K171	K172	P001	P002	P003
P004	P005	P006	P007	P008	P009	P010	P011	P012	P013	P014	P015	P016	P017	P018
P020	P021	P022	P023	P024	P026	P027	P028	P029	P030	P031	P033	P034	P036	P037
P038	P039	P040	P041	P042	P043	P044	P045	P046	P047	P048	P049	P050	P051	P054
P056	P057	P058	P059	P060	P062	P063	P064	P065	P066	P067	P068	P069	P070	P071
P072	P073	P074	P075	P076	P077	P078	P081	P082	P084	P085	P087	P088	P089	P092
P093	P094	P095	P096	P097	P098	P099	P101	P102	P103	P104	P105	P106	P107	P108
P109	P110	P111	P112	P113	P114	P115	P116	P118	P119	P120	P121	P122	P123	P127
P128	P185	P188	P189	P190	P191	P192	P194	P196	P197	P198	P199	P201	P202	P203
P204	P205	U001	U002	U003	U004	U005	U006	U007	U008	U009	U010	U011	U012	U014
U015	U016	U017	U018	U019	U020	U021	U022	U023	U024	U025	U026	U027	U028	U029
U030	U031	U032	U033	U034	U035	U036	U037	U038	U039	U041	U042	U043	U044	U045
U046	U047	U048	U049	U050	U051	U052	U053	U055	U056	U057	U058	U059	U060	U061
U062	U063	U064	U066	U067	U068	U069	U070	U071	U072	U073	U074	U075	U076	U077
U078	U079	U080	U081	U082	U083	U084	U085	U086	U087	U088	U089	U090	U091	U092
U093	U094	U095	U096	U097	U098	U099	U101	U102	U103	U105	U106	U107	U108	U109
U110	U111	U112	U113	U114	U115	U116	U117	U118	U119	U120	U121	U122	U123	U124
U125	U126	U127	U128	U129	U130	U131	U132	U133	U134	U135	U136	U137	U138	U140
U141	U142	U143	U144	U145	U146	U147	U148	U149	U150	U151	U152	U153	U154	U155
U156	U157	U158	U159	U160	U161	U162	U163	U164	U165	U166	U167	U168	U169	U170
U171	U172	U173	U174	U176	U177	U178	U179	U180	U181	U182	U183	U184	U185	U186
U187	U188	U189	U190	U191	U192	U193	U194	U196	U197	U200	U201	U202	U203	U204
U205	U206	U207	U208	U209	U210	U211	U213	U214	U215	U216	U217	U218	U219	U220
U221	U222	U223	U225	U226	U227	U228	U234	U235	U236	U237	U238	U239	U240	U243
U244	U246	U247	U248	U249	U271	U277	U278	U279	U280	U328	U353	U359	U364	U365
U366	U367	U372	U373	U375	U376	U377	U378	U379	U381	U382	U383	U384	U385	U386
U387	U389	U390	U391	U392	U393	U394	U395	U396	U400	U401	U402	U403	U404	U407
U409	U410	U411												



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.

EQ INDUSTRIAL SERVICES, INC. 17440 COLLEGE PARKWAY, SUITE 300 LIVONIA, MI

Facility Name	Street Address	City and State
(734) 521-8000	(734) 521-8135	EQISQEH@USECOLOGY.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. 71,421
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 3,194
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☒ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 1,597 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.

<u>68,278</u>	<u>LEI</u>	<u>Hammond, LA</u>	<u>(985) 345-4356</u>
Number L <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone

<u>6,337</u>	<u>Veolia</u>	<u>Tallahassee, FL</u>	<u>(906) 877-8299</u>
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone

Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
<u>Kim Schmoll</u>	<u>Kim</u>	<u>2/3/2016</u>	
Print Name of Authorized Agent	Signature of Authorized Agent	Date	

"More Protection, Less Process"

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 ✓

Submitted in What Year? 2012

Kim Schmoll



2/03/2016

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 laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.