



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

02/26/2016

Eric Miranda
World Petroleum Corp
3650 SW 47 Avenue
Davie, FL 33314-3901

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 **3650 SW 47th Ave, Davie, FL 33314** has been registered through **March 1, 2017** with the following status:

Facility ID # **FLD980709075**

Transporter of Universal Waste Lamps and Devices

Transfer Facility for Universal Waste Lamps

Transfer Facility for Universal Waste Devices

Small Quantity Handler Facility for Universal Waste Lamps and Devices

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

The registration form for the year **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
ENVIRONMENTAL PROTECTION
(for FDEP Official Use Only)

FEB 16 2016

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: F L D 9 8 0 7 0 9 0 7 5

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

World Petroleum Corp

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Eric Miranda

Date became Operator: 12 / 07 / 2007

Street or P.O. Box:

3701 SW 47th Ave, Suite #101

Phone Number:

954 327-0724

City or Town:

Davie

State:

FL

Zip Code:

33314

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:

3650 SW 47th Ave

☐ Vessel

City or Town:

Davie

State:

FL

Zip Code:

33314

County:

Broward

Country (if not USA):

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

A. 324191 (required)

B. 562910

C. 562119

D.

6. Facility or Business Mailing Address

☐ Same address as #3 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:

Eric

Last Name:

Miranda

Title:

President

Phone Number:

954 327-0724

Extension:

E-Mail:

emiranda@wpcorp.net

Fax:

954 327-0755

Street or P.O. Box:

☒ Same address as #3 above or:

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 comments section)

☒ Same address as #3 above or:

Name of Owner:

Eric Miranda

Date became Owner: 12 / 07 / 2007

☐ 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

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No. FLD980709075
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9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

<p>(A) (1) Generator of Hazardous Waste</p> <p><input type="checkbox"/> Yes <input checked="" 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"/> 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)</p> <p><input type="checkbox"/> 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)</p> <p><input checked="" type="checkbox"/> 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</p> <p>In addition, indicate other generator activities that apply.</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>For Items 2 through 7, mark 'X' in all that apply.</p> <p>(2) Treater, Storer, or Disposer of Hazardous Waste (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>(3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling</p> <p>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</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>(5) <input type="checkbox"/> 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.</p> <p>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</p> <p>(7) <input type="checkbox"/> Underground Injection Control</p>
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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 D011	⁴ F001	⁵ F003	⁶ F005	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)

<input type="checkbox"/> (C) Property Tax Default	<input type="checkbox"/> (D) Petition for Bankruptcy Protection
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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 checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name: Eric	Last Name: Miranda	Title: President	
	Phone Number: 954 327-0724	Extension:	E-Mail: emiranda@wpcorp.net	
	Street or P.O. Box: 3701 SW 47th Ave, Suite #101			
	City or Town: Davie	State:(Country): FL	Zip Code: 33314	

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLD980709075
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> 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) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> 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 <u>only</u> 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 <u>for-hire</u> Activities <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 Transporter of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <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: <input type="checkbox"/> We use Drum Top Bulb Crusher(s). World Petroleum Corp pick up light bulbs from County facilities and have final disposal facility pickup waste from our facility.		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input 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)]		

Hazardous Waste and Used Oil Transporter Registrations	EPA ID No. FLD980709075
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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:

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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) <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> a. Transporter (off-site) and noncontiguous locations <input checked="" type="checkbox"/> b. Transfer Facility </div> (2) <input type="checkbox"/> Collection Center (From businesses, <u>no more than</u> 55 gal per shipment) (3) <input checked="" type="checkbox"/> Used Oil Processor (A permit is required.) (4) <input type="checkbox"/> Off-Specification Used Oil Burner (5) Used Oil Fuel Marketer <input checked="" type="checkbox"/> On-Spec <input type="checkbox"/> Off-Spec	(6) Used Oil Filter Management (must annually register) <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> a. Transporter <input checked="" type="checkbox"/> b. Transfer Facility <input checked="" type="checkbox"/> c. Processor (Annual Report Required) <input type="checkbox"/> d. End User </div> (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one): <input checked="" type="checkbox"/> Our mailing (business) address <input type="checkbox"/> The site (facility) address
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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:

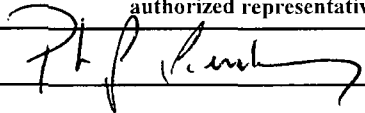
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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)
	Philip Pierre-Louis (General Manager)	<input type="checkbox"/>	2/8/2016
		<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:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. HDI-Gerling America Insurance Company

(Name of Insurer)

(the "Insurer"), of 161 North Clark Street, Suite 48th Floor, Chicago, IL 60601

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corp

(Name of Insured)

(the "Insured"), of 3701 SW 47th Ave, Suite #101 Davie, Florida 33314

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD980709075	World Petroleum Corp	3650 SW 47th Ave, Davie, FL

FLR000167023	World Petroleum Corp	10407 US Hwy 41 N, Palmetto, FL
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(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number EAGCC000144215, issued on 7/7/2015.
(date)

The effective date of said policy is 7/7/2015 and the expiration date of said policy is 7/7/2016.
(date)

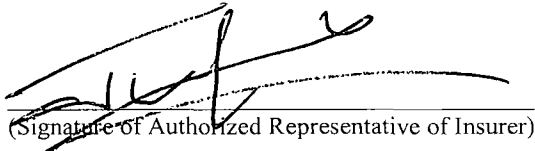
This insurance is excess and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 15EFXNE60234, issued on 7/7/2015. The effective date of said policy is 7/7/2015 and the expiration date of said policy is 7/7/2016.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.


(Signature of Authorized Representative of Insurer)

Jeff Horsford

(Typed name)

Agent

(Title)

Authorized Representative of

HDI-Gerling America Insurance Company

(Name of Insurer)

161 North Clark St, Ste 48th Floor, Chicago, IL 60601

(Address of Representative)



WORLPET-01 SOEDARTOC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Office of America, Inc. 500 W. Cypress Creek Road Suite 320 Fort Lauderdale, FL 33309	CONTACT NAME: James Janner	
	PHONE (A/C, No, Ext): (954) 318-1379	FAX (A/C, No): (954) 318-1383
	E-MAIL ADDRESS: James.Janner@ioausa.com	
INSURED World Petroleum Corporation P.O. Box 291197 Davie, FL 33329	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Evanston Insurance Company	
	INSURER B: HDI-Gerling America Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	
	35378	41343

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		15PKGNE60438	07/07/2015	07/07/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS Poll Liab CA9948 <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS MCS90		EAGCC000144215	07/07/2015	07/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		15EFXNE60234	07/07/2015	07/07/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Policy Agg \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	EWGCC000144215	07/07/2015	07/07/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor Poll Liab		15PKGNE60438	07/07/2015	07/07/2016	Each Occurrence 1,000,000
A	Enviro. Impair. Liab		15PKGNE60438	07/07/2015	07/07/2016	Each Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Thirty days notice of cancellation, except ten days notice of cancellation in the event of non-payment of premium, per policy terms and conditions. Excess Liability coverage is excess over General (including Professional), Automobile, Employer's, Contractor Pollution and Environmental Impairment Liability.

Certificate Holder Only Loc#1: 3701 SW 47th Ave, #101, Davie, FL 33314 Loc#2: 3650 SW 47th Ave., Davie, FL 33314
State of Florida is named as additional insured with respect to general liability.

CERTIFICATE HOLDER

CANCELLATION

The Department of Environmental Protection PO Box 3070 Tallahassee, FL 32315	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used
Oil and Used Oil Filter Handlers
Effective Date 4-23-13
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1, 2015 through December 31, 2015

Use the information recorded in your **Record Keeping Form [62-710.901(2)]** or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: World Petroleum Corp 2. Telephone No. 954 3270724
Site Address: 3650 SW 47th Ave
Davie, Florida 33314 3. EPA ID No. FLD980709075

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Philip Pierre-Louis
Title: General Manager Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☒ Processor ☒ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☒ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida	1,603,005	1,045,780	0	2,648,785
b. From out of State	0	0	0	0
c. Beginning Inventory				22,134
d. Total (sum of totals from Lines a + b + c)				2,670,919

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....
O - Marketed as an on-specification used oil fuel.....
F - Marketed as an off-specification used oil fuel.....
I - Marketed for an industrial process.....
B - Burned as an off-specification used oil fuel.....
D- Disposed of: Landfilled.....
Treated at a wastewater treatment unit.....
Incinerated.....

In State	Out of State
0	
420,400	1,080,040
0	0
0	0
0	0
0	0
1,154,062	0
0	0
2,654,502	0
16,417	0

3. Total amount (in gallons) of Used Oil managed.....
4. End of year, on hand estimate (difference between Line 1d and Line 3).....

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓
--	---------------------------------------

1. Number of filters on hand from previous year	0	
2. Number of used oil filters collected	689,000	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	689,000	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	0	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	689,000	
d. TOTAL	689,000	
5. End of year, on hand estimate (Line 3 minus Line 4d)	0	
6. Gallons of used oil collected as a result of filter processing	14,650	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0	
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	14,650	

9. Description of oily waste management Metal recycled & oil processed

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55- gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One <u>ton</u> of drained used oil filters = approximately <u>2,350</u> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, land filled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.