

## 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

03/02/2016

Edgar Santillan Energy Systems Inc PO Box 308 Lutz, FL 33549-

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 **19716 Wellington Manor Blvd, Lutz, FL 33549-5010** has been registered through **March 1, 2017** with the following status:

#### Facility ID # FLR000208496 Transporter of Universal Waste Lamps

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,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

	9700	12FL - FLO	DIDA NOT		ON OF	1	Date Received	
WERTH PROTECTION		IZFL - FLO REGULATE				(fo	r FDEP Official Use Only)	
	2.1.2.7	EP Waste Manag				· · · ·	The second s	
S V.	e, FL 32399-2			FEB 2 6 2016				
FLORIDA	<u> </u>							
			350) 245-8707				Marked BANK AND	
EPA ID: F L	R 0 0 0 2	0849	6 Please	e use the instru	ictions document	t to comple	te this form	
1. Reason for	Mark 'X' in	To provide in				or hazardou:	<b>S</b> · ·	
Submittal	the correct box: waste, universal waste, used oil activities, or PCW activities).							
(all submitters must complete pages 1 and 2	(must choose one To provide subsequent notification (to update status and facility identification information).							
and sign page 5.	if a notification)	To provide the	e final notificat	ion (closing) fo	or the facility. (see	instructions	-must complete pages 1,2,5)	
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)	UW Merc	ury (see page 3	) 🛛 HW	' Transporter (se	e page 4)	Used Oil (see page 4)	
2. Facility or Business Name			Energy	/ Syste	ems, Inc	•		
3. Facility	Name of Operator:				Date be	came Oper	ator: 02 / 15 / 99	
Operator 0	Energy Sys	stems. Inc	<b>)</b> .			w Operator		
(List additional Opera-	Street or P.O. Box:	<b>,</b>			Phone N	•		
tors in the comments	Post Office Bo	ox 308			813-9	26-949	4	
section).	City or Town:	<u> </u>	······	State:	Zip Cod	e:	Country (if not USA):	
	Lutz			FL	33549			
	Operator Type:	Private DFe	deral 🛛 Muni	icipal 🛛 Sta	te County	Other		
4. Facility	Physical Street Addr	ess:						
4. Facinty Physical	19716 Wellingto		t					
Location	City or Town:				State:	Zip	Code:	
Information	Lutz				FL	33	3549	
(No P.O. Boxes)	County:			Country (if	not USA):		, .	
#3 above or:	Hillsborough							
5. Facility North A Classification Sys	•	а <u>5</u> 6	2 1 1	9 (required	) <b>B</b>			
Code(s) (at least 5		c.	1 1 1 1	1	D. 1	1 1 1		
6. Facility or	Same address as	# <u>3</u> above or: Su	eet or P.O. Box					
Business Mailing Address	City or Town:			State:	Zip/Postal Cod	e:	Country (if not USA):	
	First Name:		Last Name:		Title:			
7. Facility or Busin <del>es</del> s	Edgar		Santillan		4	or of O	perations	
RCRA	Phone Number:		Extension:	E-Mail:			Fax:	
<b>Contact Person</b>				/stemsInc@Y	msInc@Yahoo.com 813-920-1632			
	Street or P.O. Box:							
Same address as	City or Tower			State	Zip Cod	••	Country (if not USA):	
# <u>3</u> above or:	City or Town: State:			Zip Cou		soundy (it not Usra).		
8. Real Property	Name of Owner: Da			Date her	Date became Owner: 01 /01 /10			
(FL Land) Owner	Jennifer Santillan							
of the Facility's	Street or P.O. Box: Phone Number:							
Physical Location (List additional								
owners in the com- ments section.)	City or Town:			State:	Zip Code	2	Country (if not USA):	
Same address as				<u> </u>			1	
#3 above or:	Owner Type:	Private DFede	ral UMunici	pal 🗳 State		Other		

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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 Notification				EPA ID No. FL	R000208496		
9. RCRA Hazardous	Waste Activities at this	s Facility	": (Mark 'X' i	n all tha	t apply):		
(A) (1)Generator of Hazz	ardous Waste		For Items	2 through	7, mark 'X' in all	that apply.	
🛛 Yes 📕 No (Dor	ot include Universal Waste or Us	sed Oil)	(2) Trea	ter, Store	r, or Disposer of H	lazardous Waste	
	e of the following three catego	ories.	(at	your facil	lity) Note: A hazan may be	dous waste permit required for this activity.	
Generates in an	y Generator (LQG): y calendar month 1,000 kilog		l	] a.Or	erating Commercia	al TSD	
	th (kg/mo) (2,200 lbs.) of nor e; or Greater than 1 kg (2.2 lb		l		crating Non-Com		
	ous waste (at least once a year		l		m-Operating: Postc mit or Order (HSV	losure or Corrective Action VA, etc.)	
	Generator (SQG):		(3) Recycler of Hazardous Waste (at your facility)				
	y calendar month greater than ess than 1,000 kg/mo (>220 to		Specify: Commercial Non-Commercial.				
lbs.) of non-act	te hazardous waste and/or 1 k		Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace				
(2.2 lbs) or less (at least once a	of acute hazardous waste year)		(.) – (	-		e Burner Exemption	
<b>.</b>			(	🕽 b. Sn	nelting, Melting, an	d Refining Furnace Exemption	
	Exempt SQG (CESQG): y calendar month 100 kg/mo	or less	<u>(5</u> П	Person Ar	thorized to Mana	ge Conditionally Exempt	
(220 lbs.) of no	n-acute hazardous waste and	l kg	(3) 🖬	Waste G	enerated at Other	Facilities	
(2.2 lbs) of less	of acute hazardous waste					tivity ONLY if you attach lication for such authorization	
In addition, indicate oth	er generator activities that a	apply.			uthorization you rea		
	rator (one-time, not on-going)	-	• • •	Receives	Hazardous Waste	from Off-Site	
	re than one-time per year:	SQG_LQG		Underam	und Injection Con	utrol	
_	orter of hazardous waste zardous and radioactive) Gene	-		Chucigi			
your facility. List ther	n in the order they are present	ted in the re	gulations (e.g., I	2001, D00	3, F007, K019, P01		
Hazardous waste	transporters list codes routine	ly or usual		se comme	nts or an additional	page if more spaces are needed.	
8 9	10			12	13	14	
15 16	17	18		19	20	21	
15		10			20		
	nges (If no longer handling	<del></del>			•	kip Section 12-16 ):	
	ulated Waste at This Facilit						
	onger generates, transports, tr		-			ed waste.	
(1) Clocarl at this	nplete this section only if <u>all</u> t clocation and moved or movin			•	-	w location if you will	
<ul> <li>(1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will</li> <li>(2) Out of Business - Business closed on (date)</li> </ul>							
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	First Name:			Last Name:		Title:	
Contact on page 1 or enter:	Phone Number:		Extension:	E-Mail:			
Contact for:	Short or B.O. D				···		
HW Transporter	Street or P.O. Box:						
Used Oil Handler Universal Waste	City or Town:			State:(Co	ountry):	Zip Code:	
	l						

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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 Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00	0208496			
12. Univers	sal Waste (UW) Activities (Mark 'X' and complete all that apply) :				
A. Federal Notification	Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,00 of any combination of UW accumulated (at any one time)	0 lb) or more			
	Accumulates: 🔲 a. UW Batteries 🛄 b. Pesticides 🛄 c. Pharmace	uticals			
	d. Mercury Containing Devices de . Mercury Conta	ining 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.	U <b>W</b> .			
B. Florida U	Iniversal Pharmaceutical Waste (UPW): one-time registration				
D Pharma	accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time	)			
D Pharma	accuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPV	V) accumulated			
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	aith [DOH])			
🖬 Florida	Universal Pharmaceutical Waste (UPW) Transporter				
C. Florida Aı	nual Mercury Handler Registration:				
(1) This form	enerate lamps and/or devices or manage pharmaceuticals, do not register or complete the in is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-</u> time registering  Renewal  One-time \$1,000 fee for Mercury for-hire first time LQH re	<u>hire</u> Activities			
	re Transporter of Universal Waste Mercury-Containing Lamps or Devices				
_	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual			
_	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required			
—	Mercury-Containing Devices (inermostats, 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				
Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +			
	ry-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)			
	Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) st time registering Renewal	Annual Registration Required			
Briefly Describe yo	aur Universal Waste Activities:	Top Bulb Crusher(s).			
Note:	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transp A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R 200(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	tule [62-740.300(5)]			

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Hazardous Waste and Used Oil Transporter Registrati	ons	EPA ID No. FLR000208496				
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						
I. For own waste onlyI. For commercial	purposes 3. I	Both commercial and own waste				
4. Transportation Mode 🛛 Air 🛛 Rail 🔲 Highwa	y 🛛 Water 🗋 O	ther - specify				
B. HW Transfer Facility Registration Information (m	nust be completed as	nnually and when this information changes)				
This facility is a Hazardous Waste Transfer Face	cility: (at this locatio	on) Storage Volume				
This form is: 📮 Initial Registration 🛛 Renewal	Notification of c	hanges 🔲 Cancel Registration				
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	le 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 Tra	nsfer 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 com	plete 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 Notification of changes Cancel Registration						
If applicable, a check or money order, in the amount of \$100	), payable to Florida D	epartment of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	r Management (must annually register)				
a. Transporter (off-site) and noncontiguous locations	🔲 a. Transpo	orter				
b. Transfer Facility	<b>b</b> . Transfe	-				
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)	d. End Us	sor (Annual Report Required )				
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,				
(4) 🖵 Off-Specification Used Oil Burner		at (check one):				
(5) Used Oil Fuel Marketer Don-Spec Off-Spec		- (comess) and cos - in sit (lating) additss				
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.						

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

Hansiel Facility and Used Oil Hansporter requirem	nents and required signature page	EPA ID No. FLRO	0020	18490
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a	d for Transfer Facilities on nd any changed items mu	n Page st be s	4, Section 14, the ubmitted with any
Certification by a responsible corporate officer			of	
	tes (F.S.) [Rule 62-730.171(3)(a)1., F.A bility [Rule 62-730.171(3)(a)3 F.A.C.	-		
Evidence of the transporter's financial responsi A brief general description of the transfer facility				
A oner general description of the danser factor A copy of the facility closure plan [Rule 62-73		, F.A.C.J		
A copy of the contingency and emergency plan				
A map or maps of the transfer facility [Rule 62	-730.171(3)(a)7., F.A.C.]			
<ul> <li>(15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Sect</li> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	ion 15:	nsporting UO from nonce	ontiguc	ous operations within
<ul> <li>UO transporters transporting off-site over</li> <li>UO transporters transporting more than 5 submission as a certified used oil transport</li> </ul>	00 gallons/year must submit proof of in	surance annually, and mu	ıst sigr	
The used oil annual report is attached	Evidence of Liability Insurance put			C. is attached.
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belie false information, including the possibility of fine a	alified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the information su are that there are signification	ıbmitte	d. The information
submitted is, to the best of my knowledge and belie	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic	valuate the information su rare that there are significa is. Federal laws and rules gr able used oil rules. Evider	ibmitte ant per overnia	ed. The information alties for submitting ng used oil transpor-
accordance with a system designed to assure that que submitted is, to the best of my knowledge and belie false information, including the possibility of fine a I certify as a Used Oil Transporter that I am tation and have an annual and new employee training the training training the training the training training the training trainignt training training training training training training	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic	valuate the information surare that there are significants. If Federal laws and rules grable used oil rules. Evider form 62-730.900(5)(a), F.	ibmitte ant per overnia	ed. The information alties for submitting ng used oil transpor-
accordance with a system designed to assure that questions submitted is, to the best of my knowledge and belie false information, including the possibility of fine a line information, including the possibility of fine a line information including the possibility of fine a line information and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of Signature of owner, operator, or an	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and g program in place covering the applic Certificate of Liability Insurance, DEP	valuate the information surare that there are significants. If Federal laws and rules grable used oil rules. Evider form 62-730.900(5)(a), F.	ibmitte ant per overnia nœ of A.C	ed. The information alties for submitting ang used oil transpor- financial responsi- Date Signed
accordance with a system designed to assure that questions submitted is, to the best of my knowledge and belie false information, including the possibility of fine a line information, including the possibility of fine a line information including the possibility of fine a line information and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of Signature of owner, operator, or an	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic Certificate of Liability Insurance, DEP Print Name and	valuate the information surare that there are significants. If Federal laws and rules grable used oil rules. Evider form 62-730.900(5)(a), F.	ubmitte ant per overnia nce of A.C Used Oil	ed. The information nalties for submitting ing used oil transpor- financial responsi- Date Signed (mm-dd-yyyy)
accordance with a system designed to assure that questions submitted is, to the best of my knowledge and belie false information, including the possibility of fine a I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (Signature of owner, operator, or an Signature of Oil Transporter of Signature of Owner, operator, or an Signature of Owner, operator, op	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic Certificate of Liability Insurance, DEP Print Name and	valuate the information surare that there are significants. If Federal laws and rules grable used oil rules. Evider form 62-730.900(5)(a), F.	overnin nce of A.C Used Oil	ed. The information nalties for submitting ing used oil transpor- financial responsi- Date Signed (mm-dd-yyyy)
accordance with a system designed to assure that questions submitted is, to the best of my knowledge and belie false information, including the possibility of fine a line information, including the possibility of fine a line information including the possibility of fine a line information and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of Signature of owner, operator, or an	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic Certificate of Liability Insurance, DEP Print Name and Edgar Sant	valuate the information su rare that there are significa is. I Federal laws and rules ge able used oil rules. Evider form 62-730.900(5)(a), F. Title	overnin nce of A.C Used Oil	ed. The information nalties for submitting ing used oil transpor- financial responsi- Date Signed (mm-dd-yyyy)
accordance with a system designed to assure that que submitted is, to the best of my knowledge and belie false information, including the possibility of fine a I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter ( Signature of owner, operator, or an authorized representative	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic Certificate of Liability Insurance, DEP Print Name and Edgar Sant	valuate the information su rare that there are significa is. I Federal laws and rules ge able used oil rules. Evider form 62-730.900(5)(a), F. Title	overnin nce of A.C Used Oil	ed. The information nalties for submitting ing used oil transpor- financial responsi- Date Signed (mm-dd-yyyy)



# 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.

Energy Systems, Inc.	19716 Wellington Manor Blvd Lutz, FL.				
Facility Name	Street Address	City and State			
813-926-9494	813-920-1632	EnergySystemsInc@Yahoo.com			
Phone	Fax	E-mail			

Section 1: For <u>all</u> transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply.

- 1. Estimated <u>number</u> of LAMPS handled during the last calendar year. <u>139,000</u> Types: Fluorescent I HID I
- 2. Estimated <u>number</u> of DEVICES handled during the last calendar year. 55 Types: Thermostats ☑ Electric Switches/Relays □ Thermometers □ Manometers □ Other □

3. Estimated weight of DEVICES handled during the last calendar year. 20 lb.

4. Estimated <u>number</u> 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.

139,000	0	Lighting Res	ources, LLC	Ocala,FL	352-509-3001	
Number	LØD	Facility Name		City/State		Phone
55		Lighting Res	ources, LLC	Ocala,FL	352-509-3001	
Number	LOD	Facility Name		City/State	· · · ·	Phone
Number	LODO	Facility Name		City/State		_ Phone
Edga	r Santilla	n	200		2/23/2016	,
Print Name of Authorized Agent			Signature of Autho	orized 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? \_\_\_\_\_

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.