



# 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

September 3, 2015

Sent via email / Certified mail - return receipt  
7099 3220 0003 6189 5396

Mr. Barry Fernandez  
President  
Clean Fuels of Florida Inc  
2635 NE 4<sup>th</sup> Avenue  
Pompano Beach, FL 33064

Re: FLD984171256 Clean Fuels of Florida / Pompano Beach, Florida

Dear Mr. Fernandez,

According to Department records, your authorization to transport hazardous waste expired on 06/30/2015. Transporting hazardous waste without authorization is a violation of the law, subject to penalty.

Pursuant to Rule 62-730.170, Florida Administrative Code, transporters of hazardous waste must annually submit evidence of casualty/liability insurance and notification of hazardous waste activities (Form 62-730.900(1)(b), "8700-12FL - Florida Notification of Regulated Waste Activity"). The most recent notification of hazardous waste activities we have on file for your facility is dated 11/20/2014.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
MR. BARRY FERNANDEZ PRESIDENT CLEAN FUELS OF FLORIDA INC 2635 NE 4TH AVENUE POMPANO BEACH, FL 33064	B. Received by (Printed Name) JACK GILLIES	C. Date of Delivery 9/17
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7099 3220 0003 6189 5396	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	