



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

7011 2970 0002 9568 8159

Mr. Jack Fitzsimmons
Operations
Freehold Cartage Inc
PO Box 5010
Freehold, NJ 07728

Re: NJD054126164 Freehold Cartage Inc / Freehold, New Jersey

Dear Mr. Fitzsimmons,

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 02/04/2014.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Benhite A Reeves</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
MR. JACK FITZSIMMONS OPERATIONS FREEHOLD CARTAGE INC PO BOX 5010 FREEHOLD, NJ 07728		B. Received by (Printed Name) <i>Benhite A Reeves</i>	C. Date of Delivery
		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		E. Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 2970 0002 9568 8159	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540