# Ricky's Oil Service

# Driver's Training Manual

#### A. Daily Route Procedures

#### 1. Pre-trip Truck

Every morning, you must ensure that your vehicle is fully functional. Perform the following functions:

- a. Lift Hood, check oil, other fluids. If necessary, add fluids.
- b. Check Tires. If tires need air, fill them up.
- c. Check Lights. If any of the lights are out, replace the bulbs.
- d. Check vehicle for necessary supplies. Should you need supplies, contact your supervisor and ensure you receive the supplies prior to leaving the plant.
- e. Fill out Motor Vehicle Report (MVR) form on a weekly basis for any and all problems with the truck (excluding the one's mentioned in Section A(1)).

#### 2. Pick up schedule from office

- a. Map out route based on all dispatched calls and standard route customers. You must pick up all dispatched calls on schedule.
- b. Driver must contact dispatch upon completion of each stop to ensure any calls that come in can be incorporated into your route if possible.
- c. Driver is responsible for all pickups up until 3:00, provided their truck is not fully loaded.
- d. Drivers must keep their radios on at all times

#### 3. Business Development

- a. Driver is responsible for ensuring that all clients are aware of all products and services we provide (spill pads, HTP, filters, Vac truck service, etc.)
- b. Driver responsible for stopping at other potential customer sites to promote Ricky's Oil Service. The more customers you solicit and add to your route, the more money you earn.
- c. During a pick up of oil, coolant, filters or absorbents, driver is responsible for ensuring that customer is

receiving all current or potential services. (i.e. Full oil tank or Full Filter Drum)

#### 4. Troubleshooting

- a. During route should driver notice any suspicious smelling oil, driver must use diagnostic tools (sniffer, halogen kits, etc.) before loading the vehicle. If you are unsure about the diagnostic results, do not pick-up product. Instead, take a sample of the product, make the customer aware that you are going to take a sample back to our plant for further analysis. Failure to adhere to this policy is subject to disciplinary action up to and including termination.
- b. Should a spill occur, employee should immediately attempt to shut off any pumps and valves (anything to stop the flow of product). Driver must attempt to control the spill and contact management immediately thereafter.
- c. Drivers must contact management for proper resolution of any and all situations that are out of the ordinary. No question is "stupid" when it relates to the safety of our employees and our customers.

#### B. Plant Procedures

- 1. Upon returning to the plant, driver must have his truck checked by a member of the plant personnel. Should driver unload his truck prior to being checked in, will forfeit commissions paid on those gallons.
- 2. Driver and plant personnel must ensure in which tank to unload oil and that the tank has the capacity to hold such oil.
- 3. Any driver loading or unloading a truck must stay within 10 feet of the vehicle at all times. Should employee not adhere to this policy, employee will be disciplined up to and including termination.
- 4. Management must be notified before a driver unloads a truck after hours.

5. All fluid information must be documented on the chalkboard in the Plant Operations office including: date, driver, tank #, gallons, water %, waste water split (if applicable).

6. Driver must contact office manager to turn in daily manifest and daily work report. All invoices must be accounted for including voided invoices, etc. Any invoice that is unaccounted for and/or missing will result in a \$75.00 fine and/or disciplinary action up to and including termination.

#### C. Miscellaneous

- 1. If driver is in an accident and is physically able, they must contact management immediately.
- 2. Smoking on the trucks is prohibited and against the law. Failure to abide by this rule may result in termination.
- 3. Drivers are responsible for keeping their trucks cleaned and maintained at all times. Failure to comply will result in disciplinary action.
- 4. Drivers are representatives of Ricky's Oil Service and are responsible for wearing their Ricky's Oil uniform and for maintaining a professional appearance.
- 5. The use of non-prescription controlled substances, the use of alcohol during work time or being under the influence of alcohol while on duty is strictly prohibited and will not be tolerated.
- 6. All personnel are responsible for aiding plant manager as to the supply inventory (i.e. gloves, rags, soap, etc.). Should employee notice supplies low, employee should document on the Supply Board in the Plant Operations office.
- 7. Any and all on the job injuries must be reported within 24 hours of accident. Should you not notify management, your benefits through worker's compensation may not apply.
- 8. Drivers are responsible for updating licenses (CDL License/Hazmat Endorsement, Port of Miami, Port Everglades, Airport I.D. and medical card). Provided any of your licenses are not up to date, you will prohibited from using a company vehicle until the licenses are updated.

# Richy's Oil Service, Inc.



P.O. Box 669295 - Miaml, FI 33166 Phone: (305) 822-2253 Fax: (305) 887-2800 E mail: nancy@rlckysoil.com www.rlckysoil.com

7/10/40
DATE: 7/20/10
TO: FDEP
Attn: Aprilia Corayes
PHONE: (850) 245-8755 FAX: 1-850)-245-8810.
FROM: Edel.
FAX PAGE 10+6.
you requested. Aprilia, here are the papers

Thanks Edel



## Department of Environmental Protection FDEP, MS 4555, 2600 Blair Stone Road Tellahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Applied Report by Used Oil
Form Title Applied Report by Used Oil
Filter Flendlers
Effective Date June 9, 2005

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 bejow])

Use the Information recorded in your Record Keeping Form [62-710.801(2)] or equivalent] to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS		
1. Company Name: RICKY'S OIL SERVICE, INC 2.	Telephone No. 205 V	333 3353
Site Address: P.O. BOX 669295 MIAMI, FL 33166	releptione (40. (202)	022-223
		Same Same
		019 755
o Check box if any of the above items (1-3) have changed since your last registra	tion	·
l. Name of person preparing report (please print)CHRIS_RICCI		
Title PRESIDENT Phone number (if different	from #2_above\ / \	
5. Type of operation (check as many as apply to your operations)  Jsed Oll: V Transporter V Transfer Facility V Collection Center/Aggregation Point o For Burner (of off-specification used oil)  Jsed Oil Filter: V Transporter V Transfer Facility o Processor	Processor of Marketer	. 1
SECTION B USED OIL (TO BE COMPLETED BY ALL RIGISTERED USED OIL HANDLERS, L		S SEE SECTION C)
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c. Beginning Inventory		
d. Total (sum of totals from Lines a + b + c)	8	1631561
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F - Marketed as an off-specification used oil fuel	0	
+- Marketed for an industrial process		
B - Burned as an off-specification used oil fuel		
D - Disposed of		72.7
Landfilled		
Treated at a wastewater treatment unit.	222300	
Total amount (in gallons) of used oil managed		
End of year, on hand estimate (Difference between Lines 1D and Line 3)	223583	

Page 1 of 2



# Department of Environmental Protection FINEN MS 4850 7000 Mair Stone Road Tallahassee. Florida 32399-2400

# Certificate of Liability Insurance Used Oil Transporters

	Please l-Yant or Type Form
(Name of the Insuran)	(Address of the insurer)
A result at the breakers.	(Address of the insurer)
hereby certifies that it has issued liability insur	ance to: RECKY'S OIL SERVICE (the insured),
P.O. BOX 669295	(Name of the Insured)
1.0.00 66/2/3	
(Address of the Insured)	
This insurance complies with the insured's obli	igation to demonstrate the financial responsibility required by Fiorida
Administrative Code Rule 62-710.600(2)(a). (S	the parts 2 on the beat all a suit of
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b. The Insurar is liable for the	the insurer of its obligations under this policy.
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EBX NO: : 3028845800

EBOW : BICKAS OIF SEBAICE

EROM : RICKYS OIL SERVICE



# Department of Environmental Protection FDSF MS 4650 2000 Blak Stone Road Tallahassus, Florida 22489-3400



# Certificate of Liability Insurance Used Oil Transporters

hereby certifies that it has last	and liability insurance in- RICK	16969 NW 67TH AVE  (Address of the Insurer)
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(Address		hose EPA Identification number is FLD 9810197
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FAX NO. :3058872800

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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 01-04-2009 Page 4 of 4



#### Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #82-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

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 reporting period January 1, 2009 through December 31, 2009
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 RE				10 10 10 10 TO	
1. Company Name: RICKY'S	OIL SERVICE, INC		2. Telep	hone No. ( <u>305</u> )	822 - 22 <sub>53</sub>
Site Address: P.O. BOX 669295	MIAMI, FL 33166				
			3. EP	'A ID No. 091	019 755
o Check box if any of the above items					
			_		
1. Name of person preparing report (ple	-				
Title PRESIDENT	Pho	ne number (if	different from #	2, above) ()_	
5. Type of operation (check as many as Jsed Oil: o Transporter oxTransfer Facilito Burner (of off-specification used oil) Jsed Oil Filter: A Transporter	apply to your operation  Service of the service of	r/Aggregation		sor &Marketer	
SECTION B USED OIL (TO BE COMPLETE					S SEE SECTION C
				T. T. T. C. C. C. T. T. C.	JOEL OLUTION C
<ol> <li>Amount (in gallons) of Used Oil and C</li> </ol>	ily Wastes collected	Automotive 11,105,134	Industrial 89,735	63,000	Total
a. I b. F	n Florida	171097151	007.00	03/000	1,257,869
	Beginning Inventory				106,535
	otal (sum of totals fro				1,364,404
		on chies a vi	<b>5</b> · • • • • • • • • • • • • • • • • • •		
Assessed (in a literal to the state of the s				In State	Out of State
. Amount (in gallons) of Used Oil and O	ily Wastes Managed				
N - Not an end use, transferred to	another facility for si	torage or prod	cessing	0	
O - Marketed as an on-specificati	on used oil fuel	•••••		1,165,328	
F - Marketed as an off-specification	on used oil fuel			0	
l - Marketed for an industrial prod			·	0	
B - Burned as an off-specification				0	
D - Disposed of					
Landfilled				0	
Treated at a was Incinerated	tewater treatment uni	t	••••••	222,300	
				20,350	70-0
Total amount (in gallons) of used oil m				1,180,000 14	117/8
End of year, on hand estimate (Differe	nce between Lines 1	and Line 3)		184,404	



### Department of Environmental Protection FDEP M6 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Porm 982 710.901(4)
Form 100 Conficate of Listing recurrence
Lists Of Transporters
Effective Date April 9, 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

riease Print or Type P	
(Name of the Insurer) (A	969 NW 67TH AUE
(Name of the Insurer)	(ddress of the Insurer)
hereby certifies that it has issued liability insurance to:	

FAX NO. : 3058872888

EROM : RICKYS DIL SERVICE



### Department of Environmental Protection FDEP MS 4550 7600 Blair Stone Road Talianassee, Florida 32369-2400

#### Certificate of Liability Insurance Used Oil Transporters Please Prim or Type Form

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	(Name of the Insurer) (the Insurer), 16969 NW 67TH AVE
	(Address of the insurer)
	hereby certifies that it has issued liability insurance to: RETY SOIL SERVICE (this Insured), (Name of the Insured)
	P.o. Box 669295 MIAMZ, FZ 33166 whose EPA Identification number is FLD 981019755 (Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$ Imm Imm Imm less the deductible or
	retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
	This coverage is provided under policy number 655 5645 A18 59 issued on Jan 18, 2010.
	This coverage is provided under policy number 655 5645 #18 59 issued on
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 this 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 egrees 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 or by any other termination of the insurance (e.g. expiration or 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 Socretary 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 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 or more States, including Florida.
Si	gnature of Insurer or Authorized Representative)  Authorized Representative of
	Milly and the second of the se
Τ̈́γ	Pe Name)  STATE Farm Insurance  (Name of Insurer)
-	(Name of Insurer)  OFFICE REPLESENTATION  (Address of Representative)  Page 1 of 2
TH	(Address of Representative)
	Page 1 of 2

	A STATE OF THE STA
	EPA ID No.
B. Universal Waste (UW) Activities (Mark 'X' in all that apply)	
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more	e of any combination of UW accumulated
Small Quantity Handler (SQH) = always less than 5,000 kg ac	cumulated
Mercury-containing devices LQH = 100 kg (220 lb) or more a	accumulated by for-hire handler
Mercury-containing devices SQH = less than 100 kg accumula	
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 la	mps) or more accumulated by for-hire handler
Mercury-containing lamps SQH = less than 2,000 kg (8,000 la	
[Note: 4 lamps = $1 \text{ kg}$ , $62-737.200(10)$ ]	·
Pharmaceuticals LQH = 5,000 kg or more of universal pharma	ceutical waste (UPW) accumulated
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haz	ardous ("P-listed") pharmaceutical waste accumulated
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	
Generate/ Transport Handle at Transfe	er (2) Enter your esitmate of the maximum amount (in pounds)
(1) For those Managing Accumulate (see note in instructions) Facility	of each type of UW on site or transported at any one time.
a. Batteries	
b. Pesticides	
c. Pharmaceuticals	
d. Mercury Containing Devices	
e. Mercury Containing Lamps	
(3) Mercury Recovery and/or Reclamation Facility	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800,
[Chapter 62-737, F.A.C.]	F.A.C.]
(4) Reverse Distributor of UW Pharmaceuticals	2011003
(5) Destination Facility for UW Note: for this active storage prior to recommend to the storage prior	rity, a facility must treat, dispose or recycle a UW. A permit is required for cycling.
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial
<ul><li>a. Transporter</li><li>b. Transfer Facility</li></ul>	responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the
(2) Collection Center	orginally approved training program, they are explained in attachments to
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of
(4) Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.
<ul><li>(5) Used Oil Fuel Marketer</li><li>(6) Used Oil Filter</li></ul>	
a. Transporter	
<b>b.</b> Transfer Facility	Signature of Authorized Person
<ul><li>□ c. Processor</li><li>□ d. End User</li></ul>	
L. Lind Oser	Print Name of Authorized Person
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-	
Specification Burners and Marketers must pay an annual \$100	
registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100,	(9) The records required under the provisions of Rule 62-710.510.
payable to Florida Department of Environmental Protection.	F.A.C., are kept at (check one):  Our mailing (business) address
A check is enclosed.	The site (facility) address
	I

# FLORIDA

### 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772

d o stange of to	"Date Received
Recei	Ped fficial Use Only)

JN 282010

F 9 D 8 1 0 1 9 7 5 5 1991 1991 1. Reason for Mark 'X' in To provide initial notification (to obtain an EPA ID Number for hazardous Submittal correct box: waste, universal waste, or used oil activities). To provide subsequent notification (to update status and facility identification information). Is this the **final notification** (see instructions) for the facility? 2. Facility or FEID No. **Business Name** 5 9 2 RICKYS OIL SERVICE, INC 3 5 5 6 3. Facility Operator Name of Operator; New Operator CHRIS RICCI (List additional 1952 Date became Operator: Operators in the comments section). Street or P.O. Box: Phone Number: P.O. BOX 669295 305-822-2253 City or Town: MIAMI State: Zip Code: 33166-9430 Operator Type: Private Federal ■ Municipal State Other 4. Facility Physical Physical Street Address: 7209 NW 66 ST Location Information City or Town: State: MIAMI Zip Code: FL 33166-3007 County: Dade If available, please attach a map or sketch of the facility boundaries. 2 5 5 0 0503 Longitude: | | 8 0 1 8 8527 Latitude: | | Method: d d m m d d m m Datum: 5 8 . 5855 5. Facility North American Industry В. 562219 Classification System (NAICS) Code(s) 6. Facility or Street Address or P.O. Box: P.O. BOX 669295 **Business Mailing** City or Town: Address MIAMI State: FL Zip Code: 33166-9430 7. Facility or First Name: Last Name: **CHRIS** RICCI PRESIDENT **Business Contact** Phone Number: Person Extension: E-Mail: 305-822-2253 103 CHRIS@RICKYSOIL.COM Street or P.O. Box: 7209 NW 66 ST City or Town: State: Zip Code: MIAMI FL 33166-9430 8. Real Property Name of Real Property (Land) Owner: New Owner (Land) Owner CHRIS RICCI 1952 Date became Owner: of the Facility's mm dd УУ Physical Location Street or P.O. Box: Phone Number: P.O. BOX 669295 305-822-2253 (List additional real property owners | City or Town: State: MIAMI FL Zip Code: in the comments 33166-9430 section.) Owner Type: Private ☐ Federal Municipal State Other

	EPA ID No. FLD981019755			
9. Type of Regulated Waste Activity (Mark 'X' in all tha	at apply):			
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.			
(1) Generator of Hazardous Waste  (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	(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 Consent Order (HSWA, etc.)			
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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste	(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial; Non-Commercial.  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			
☐ 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	(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.			
In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.			
(7) Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]  Registration must be renewed annually. a. For own waste only b. For commercial purposes  c. Hazardous Waste Transporter Insurance Information  Insurance Company  Address				
Contact Policy Number	TelephoneExpiration date			
d. Transportation Mode Air Rail Highway	☐ Water ☐ Other - specify			
e. Hazardous Waste Transfer Facility:	Storage Volume			
Initial notification  The following items are required to be submitted with the initial notification for a transfer facility [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.]  Notification of changes in above items  Annual update notification				

				EPA ID No.		FLD981019755
	ate Regulated Wast		Note:	A water facility per	mit may be re	er [Chapter 62-740, F.A.C.] equired for this activity.
your facility.	List them in the ord	er they are preser	lazardous Wastes: nted in the regulations r usually transported.	(e.g., D001, D003,	F007, H112)	eral hazardous wastes handled at .paces are needed.
	2	3	4	5	6	7
	9	10	11	12	13	14
5	16	17	18	19	20	21
2	23	24	25	26	27	28
1. Other S	Status Changes (N	Aark 'X' in all th	nat apply);			
(1)	andler of Regulated Business no longer Waste generated by Other (explain)	generates, transpo business has beer	orts, treats, stores, or or delisted.	disposes of hazardo		
Co.	address, and phone	usiness closed on number where yo	u can be reached afte Phone	r closing.		e a contact person, mailing
□ с.	Property Tax Defa	ult	D. Petitie	on for Bankruptcy	Protection	
raccordance iformation sub- or submitting icility, I am a	ubmitted is, to the best false information, in	st of my knowled, cluding the possicilities must comport or an authoriz	qualified personnel p ge and belief, true, ac bility of fine and imp bly with the requirem	roperly gather and completed curate, and completed in the completed in the completed in the complete in the co	evaluate the ince. I am aware ring violations 1.171, FAC, ar	inder my direction or supervision formation submitted. The that there are significant penaltic. If I have notified as a transfer and Rule 62-730.182, FAC.  Date Signed (mm-dd-yyyy)
( he	Croc	1		CHRIS RICC		(mm-dd-yyyy)
the person	who filled in this fo	rm is not the Fac	cility Contact or Ope	erator, please com	plete the info	rmation below:
lame of person	on completing this fo	rm)	(Phone Number)		(E-mail Add	lress)
B. Comme For halog	nts: en testing; We ເ	use sniffers &	dexsil kits befor	re picking up th		

DEP Form #62-710.901(3))
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STA	TE \$
Number of filters on hand from previous year	17,250	
2. Number of used oil filters collected	629,000	
3. Total number of used oil filters to manage (1 plus 2)	646,250	
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	646, 250	
d. TOTAL	646,250	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	0	
6. Gallons of used oil collected as a result of filter processing	11,000	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0	
Volume of oily waste collected and managed as a result of filter processing		
Description of oily waste management	0	

#### **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 ton 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 Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>,



# Department of Environmental Protection FDEP MS 4550 2600 Bish Stone Road Taffahassee, Florida 32399-2400

# Certificate of Liability Insurance Used Oil Transporters

(Name of the Insurer)  (Address of the Insurer)  (Address of the Insurer) (Address of the Insur		Please Print or Type Form
hereby certifies that it has issued liability insurance to: **  **Ro. Box 669295***  **  **  **  **  **  **  **  **  *	1. STATE FARM	(the Insurer), 16969 NW 67 TH AUE
Address of the Insured:  (Address of the Insured:  Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]  The Insurence is primary and the company shall be liable for amounts up to \$	(Name of the Insurer)	(Address of the insurer)
This insurance compiles with the insured's obligation to demonstrate the financial responsibility required by Florida  Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]  The Insurance is primary and the company shall be liable for amounts up to \$\int_{local}   local_   less the deductible or retention of \$\int_{local}   local_   local_   less the deductible or retention of \$\int_{local}   local_   local_   less the deductible or retention of \$\int_{local}   local_   local_   less the deductible or retention of \$\int_{local}   local_   lo	hereby certifies that it has issued liability insurance	to: Recry 5 OTC SERVECE (the insured),  (Name of the insured)
This insurance compiles with the insured's obligation to demonstrate the financial responsibility required by Florida  Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]  The insurance is primary and the company shall be liable for amounts up to \$ [low   low   leas the deductible or retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied its amount may not exceed 10% of the equity of the Insured.  This coverage is provided under policy number	P.O. Box 669295 MEAMZ, FC - (Address of the Insured)	33/66 whose EPA Identification number is FL D 98/0/975
The Insurance is primary and the company shall be liable for amounts up to \$		
retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.  This coverage is provided under policy number \$LS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Administrative Code Rule 62-710,600(2)(e), [See	page 2 on the back side of this Form]
This coverage is provided under policy number 1/5 8784 86157, issued on (Date)  The expiration date of said policy is 1/2010 or the annual renewal date is (Date)  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 this 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 or by any other termination of the insurence (e.g. expiration or 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 judgments resulting from accidents which occur after the liability of the insurer. In one or more States, including Florida.  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 or more States, including Florida.  Authorized Representative of States including Florida.	The insurance is primary and the company shall be	se liable for amounts up to \$ \leftleright \left[ \leftleright] \leftleright \reg \right\right. \left\]
This coverage is provided under policy number #65 8784 66155 issued on #615 1, 2010 (Date)  The expiration date of said policy is #62 1, 2010 or the annual renewal date is (Date)  2. The insurer further cartifies the following with respect to the insurence described in Paragraph 1:  a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this 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 designes) 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 or by any other termination of the Insurence (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in affect. 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 or more States, including Fiorida.  Authorized Representative of STATE Farm Tusunance Type Name)		
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 this 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 or by any other termination of the insurence (e.g. expiration or 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 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 or more States, including Florida.  Authorized Representative of  Altandor Toward Toward Representative)		
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 this 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 or by any other termination of the insurence (e.g. expiration or 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 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 or more States, including Florida.  Authorized Representative of  Alternation of insurer or Authorized Representative)  Alternation of insurer or Authorized Representative)	This coverage is provided under policy number	165 8784 801 59 issued on FLB 1, 2010
a. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.  b. The insurer is tiable for the payment of amounts within any deductible applicable to the policy, with a right of relimburement by the insured for any such payment made by the Insurer.  c. Whenever requested by the Secretary (or designes) 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida.  Authorized Representative of Insurer or Authorized Representative)  Althorized Representative of Insurer or Authorized Representative)	The expiration date of said policy is	o/O or the annual renewal date is (Date)
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 designes) 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 or by any other termination of the insurence (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in affect. 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 or more States, including Florida.  Authorized Representative of STATE Faam Tassnarce (Special Control of States).	<ol><li>The insurer further certifies the following with resp</li></ol>	ect to the insurance described in Paragraph 1:
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 or by any other termination of the Insurence (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in affect.  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 or more States, including Florida.  Authorized Representative of  STATE Farm Tasunance  STATE Farm Tasunance  (Alamana)	a. Bankruptcy or insolvency of the insured shall no	ot relieve the insurer of its obligations under this policy.
d. Cancellation of the insurance, whether by the insurer or the insured or by any other termination of the insurence (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in affect. 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 or more States, including Florids.  Authorized Representative of insurer or Authorized Representative)  EXAMPLE Town Tussurance  STATE Farm Tussurance  (Alexander Town)	<ul> <li>The insurer is tiable for the payment of amount by the insured for any such payment made by the</li> </ul>	s within any deductible applicable to the policy, with a right of reimbursement Insurer.
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 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 or more States, including Florida.  Authorized Representative of Insurer or Authorized Representative)  STATE Farm Insurance (Insurance of Insurance of Insuran	<ul> <li>Whenever requested by the Secretary (or designaturer agrees to furnish to the Department a signature).</li> </ul>	ines) of the Florida Department of Environmental Protection (FDEP), the ed duplicate original of the policy and all endorsements.
the Insurer for the payment of any such judgments resulting from socidents 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 or more States, including Florida.  Authorized Representative of Insurer or Authorized Representative)  Althorized Representative of Insurer or Authorized Representative)  STATE Farm Insurance of Insurer or Authorized Representative)	availarais of Holl-Letterreth, Alti De Billective Cult (19	OR Written notice and only offer the conjuntion of thirt. (96)
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 or more States, including Florida.  Authorized Representative of STATE Farm Insurance of Insurer or Authorized Representative)  AEXANDER Torres (States)	CONTRICT THE PROPERTY OF THE P	RSIFERCS (GECTING) horsin but such terminoline chall not eller to the contract of
Authorized Representative of  Authorized Representative of  Authorized Representative of  STATE Farm Insurance  Type Name)	I hereby certify that the insurer is licensed to transa- surplus lines insurer, in one or more States, including	of the husiness of insurance, or aligible to provide income
MEXANDER TORRES STATE FARM INSURANCE	_ estableton	Authorized Representative of
ype Name)	ALXANDER TORRES	STATE FARM THEYNANCE
Annua as manast	ype Name)	(Name of insurer)
OFFICE REPRESENTATIVE 16869 NW 67TH AVE MEANT, FL 33015  [Mile) (Address of Representative)	OFFICE REPROSENTATIVE	16569 NW 67TH AUE MEANT IL 33015



# Department of Environmental Protection FDEP MS 4550 7600 Bisir Stone Road Talianassee, Florida 32396-2400

DEF Prim #88 719.90160 Form Title Cardifosis of Lebility Imaurence Lear OE Lebility Imau Design Effective Deta June 2.2005

#### Certificate of Liability Insurance **Used Oil Transporters**

		_		man or typ				
<u>.</u> 1. <sub>s</sub>	STATE	FARM	, (the In	surer),	16969 NN	67TH	AUE	5.yg 5 ( )
- 1	(Name of the insur	er)			(Address of the I	Insurer)		
,	hereby certifies tha	t It has issued (iab	ility Insurance to: 🕰	(Nam	IL SERVICE e of the Insured)		_(the Insured)	4
	1.0. Box 66	9 2 95 mT. (Address of the	am	who	se EPA Identifica	ation numbe	ris FLD	98101975
7			red's obligation to de					
	Administrative Cod	e Rule 62-710.600	(2)(e). [See page 2	on the bac	k side of this For	m] ·		
Т	The insurance is pr	imary and the con	npany shall be liable f	for amoun	ts up to \$ /mm	Imm/In	iess the	deductible or
			for each accident ex		legal defense co	sts. If a ded	uotible or rete	ntion is applied,
			equity of the Insure					
Т	his coverage is pro	ovided under polic	y number 08/ 80	234 BO	159 issue	d on	EB 1, 2010	<u>.</u> .
T	he expiration date	of said policy is _	y number <u>08/ 8</u> , <u>Avg. /, 20/0</u> (Date)	_ or the	annuai renewal d	ate is(D	ate)	·-···
2. T	he insurer further o	ertifies the follow	ng with respect to the	insuranc	e described in Pe	aragraph 1:		
a.	. Bankruptcy or Ins	iolvency of the ins	ured shall not relieve	the Insun	er of its obligation	s under this	policy.	
b. b)	The Insurer is lially the Insured for ar	ole for the paymen ly such payment n	nt of amounts within a nade by the insurer.	iny deduc	ible applicable to	the policy,	with a right of	reimbursement
o. Ins	Whenever requet surer agrees to fur	ited by the Secret nish to the Depart	ary (or designee) of ti ment a signed duplic	ne Florida ate origina	Department of E	invironment d all endors	al Protection (f ements.	FDEP), the
			her by the Insurer or to tive only upon writter Secretary of the FD					ce (é.g. a after a copy
			e payment of any jud ation of the insurance a judgments resulting					
- The	ereby certify that the plue lines insurer,	is insurer is licens in one or more St	ed to transact the bustes, including Florida	rinasa of i				
(Signa	ature of insurer or A	Authorized Repres	entative)	-	Authorized Re	presentativ	e of	
B	PLEX ANDER -		,		STATI	- Can		
Type	Name)				STATE (Name of Insur	er)	INSUNI	ance_
THIA	OFFICE REI	PLSENTATIVE	10	6967	resentative)	VE PIZA	MI EL 33	015
1 (116)			(178010	128 of Rep	resentative)			



### Department of Environmental Protection FDEP MS 4860 7600 Bisir Stone Road Tallahassee, Florids 32399-2400

# Certificate of Liability Insurance Used Oil Transporters

Plet	ase Print or Type Form
1. STATE Farm (the (Name of the Insurer)	insurer), 16969 NW 67TH AUE
(Name of the Insurer)	(Address of the Insurer)
hereby certifies that it has issued liability insurance to:	(the insured)
(Address of the Insured)	(Name of the Insured)  (Name of the Insured)  (Name of the Insured)  (Name of the Insured)
This insurance complies with the insured's obligation to	demonstrate the financial responsibility required by Florida
Administrative Code Rule 82-710.600(2)(e). [See page	,
The insurance is primary and the company shall be liab	ole for amounts up to \$ /mm //mm less the deductible or
retention of \$for each socident	exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the inst	
This coverage is provided under polloy number 653	7459 Bol 59 issued on FEB 0/ 20/0
The expiration date of said policy is <u>Aug. 1, 2010</u> (Date)	7457 Bel 59 issued on FEB 0/, 20/0 (Date)  or the annual renewal date is (Date)
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 refe	eve the insurer of its obligations under this policy.
<ul> <li>The insurer is liable for the payment of amounts with by the insured for any such payment made by the insure</li> </ul>	In any deductible applicable to the policy, with a right of reimbursement er.
<ul> <li>Whenever requested by the Secretary (or designee) ( Insurer agrees to furnish to the Department a signed duj</li> </ul>	of the Florida Department of Environmental Protection (FDEP), the plicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the Insurer expiration or non-renewal), will be effective only upon writen notice is received by the Secretary of the	or the insured or by any other termination of the insurance (e.g. fitten notice and only after the expiration of thirty (30) days after a copy FDEP as evidenced by certified mail return receipt.
accidents which occur and the termination of the inclinat	judgment or judgments against the insured for claims resulting from nce described herein, but such termination shall not affect the liability of ling from accidents which occur during the time the policy is in effect.
agriculture integrities, in other of world prairies, fucinging bio	business of insurance, or eligible to provide insurance as an excess or order.
(Signature of Insurer or Authorized Representative)	Authorized Representative of
ALEXANDER TORRES	and the second
(Type Name)	STATE FARM INSURANCE (Name of insurer)
OFFICE REPORTS CONTATION	16969 NW 67TH AUG , MEANE, FL 33015
(Title) (Ac	dress of Representative) Page 1 of 2

FAX NO, :3058872800



#### Department of Environmental Protection

FDEP M3 4550 2800 Bair Stone Road Tallaharsee, Florida 32899-2400

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or Type Form STATE FARM , (the insurer), 16969 NW 67 TH (Address of the Insurer) hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVECE (Name of the Insured) MTAMI, FT 33/46 whose EPA Identification number is FL & 98/0/9755 This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form] The insurance is primary and the company shall be liable for amounts up to \$ [may | man | less the deductible or \_\_\_\_for each accident exclusive of legal defense costs, if a deductible or retention is applied. its amount may not exceed 10% of the equity of the insured. This coverage is provided under policy number 026 992 5 801 59 issued on FLR 1 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1: Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy. b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimburgement by the insured for any such payment made by the insurer. Whenever requested by the Secretary (or designes) 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida. (Signature of insurer or Authorized Representative) Authorized Representative of STATE FARM INSUN.
(Name of Insurer) (Type Name) 16969 NW 67714 NUL

1mm 16 2010 02:49PM P1

FAX NO. : 3858872868

(Address of Representative)

ELICH SEICKAR DIF RESOUCE



# Department of Environmental Protection PDEP MS 4550 7500 Blair Stone Road Tallahassee, Florida 32399-2400

DSP Print #82 7 (D.00) (4)
Form 1700 Certificate of Liability Issuerance
Lines Cell Interested by
Effective Data June 9, 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

	Please Plifa or Lype Form
Î 1	(Name of the Insurer) (the Insurer), 16969 NW 67 <sup>TH</sup> AUE (Address of the Insurer)
	(Name of the Insurer) (Address of the Insurer)
	hereby certifies that it has issued liability insurance to: REKY'S OIL SERVICE (the insured), (Name of the insured)  P.o. Box 669295 MIREL FL 33166 whose EPA Identification number is FL D 981019753 (Address of the Insured)
	(Address of the Insured) whose EPA Identification number is
;	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
:	Administrative Code Rule 62-710,600(2)(s). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$ Imm Imm less the deductible or
	retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
:	This coverage is provided under policy number 687 3763 Col 59 issued on max 1, 2010
	This coverage is provided under policy number 687 3763 Col 59 issued on 6042 / 2010  The expiration date of said policy is 567 / 2010 or the annual renewal date is (Date)
<b>2</b> .	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 this 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 designed) 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida.
70:-	Authorized Representative of
(\$i0	griature of insurer of Authorized Representative)
(Tvi	PALLY ANDER TOURS  STATE FARM INSURANCE  [Alema of Insurance]
\*************************************	(Island of Houle)
(THI	B) (Additional FORM AUC MIAME, FC 33015
•	(Address of Representative) Page 1 of 2

EUX NO: :3928815889



# Department of Environmental Protection FDEP MS 4550 7600 Bielir Stone Road Tallahassee, Florida 32399-2400

OSP Form 992 7(U.BITIM) Form 1186 Cardinate of Liability in Liand Oil Interescence

#### Certificate of Liability Insurance **Used Oil Transporters**

,		_		Cleane Publick )		
1. (Nar	TATE	FARN Stiner	? 	, (the Insurer),	16969 NW 6 (Address of the insure	7TH AUE
here	by certifies	that It has issu	ied liability insuran	ice to: Recky's	ott Servece	(the insured),
11 G	,			⁵ (Na	ime of the insured)	
7.0	O. BOX	69295	MIAMZ, FL	33166 W	hose EPA Identification i	number is FLD 98101975
		(Address	of the Insured)		and the second second	number is <u>FL D 98101975</u>
						bility required by Florida
					ack side of this Form)	
The i	insurançe ja	primary and t	he company shall	be liable for amou	inte up to \$ /mm//mm	n / Insm less the deductible or
reten	ition of \$		for each ac	cident exclusive	of legal defense costs. It	a deductible or retention is applied.
			% of the equity of t			
This	coverage is	provided unde	er policy number _	674 0068 1	80/59 issued on	(Date)
The e	expiration de	ite of said poli	cvis Aug. /	2010 or the	oppuni ropaval daia la	(Date)
	,		(Da	ite)	a estumen (Alleanen Cafe 12	(Date)
	isoner rutur	a cennés (U6	TOHOWING WITH resp	pect to the insurar	nce described in Paragra	ph 1:
a, Ba	inkruptcy or	insolvency of	the insured shall n	ot relieve the insu	rer of its obligations und	ler this policy.
b. The by the	e insurer is insured for	liable for the pany such pay	sayment of amoun ment made by the	ts within any dedu Insurer.	ictible applicable to the p	colley, with a right of reimbursement
c. Wh Insure	r ağrecs to	rested by the furnish to the I	Secretary (or desk Department a sign	nee) of the Florid ed duplicate origi	la Department of Enviror	nmental Protection (FDEP), the
d. Car expirat	ncellation of	the insurance	, whether by the in	nsurer or the Insu	mad an fire and relation of	nation of the insurance (e.g.
s. The accide the Ins	tnsurer shi nts which or urer for the	all not be liable cour after the t payment of ar	e for the payment of the insurance of th	of any judgment o nsurance describe resulting from ac	r judgments against the ed herein, but such termi cldents which occur dud	insured for claims requiting from ination shall not affect the liability of ng the time the policy is in effect.
	54A	.,	are emission limited	ict the business o	f insurance, or eligible to	provide insurance as an excess or
	efled	Jones	00		Aithrotesi Dames	and make any and
(Signature	of Insurer o	or Authorized i	Representative)		Authorized Represe	Manag Ol
		Tontes			STATE FAR.	m Insurance
(Type Nam	i <del>c)</del>				(Name of Insurer)	
OF	FICE 1	REPORT SEN	TATIUC	16969	NW 6774 2111	MEANZ FL 33015
(Title)				fundines of 146	presentative)	MUNICE IFE SSOIS
				Page 1 of 2	•	



### Department of Environmental Protection FDEP MS 4550 2600 Bisir Stone Road Tallahassee, Florida 32389-2400

DEP Form 192 710.901(4) Form 1940 Certificatio of Lieblity Insurance Lines Oil I minecontary

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or Type Form
(Name of the Insurer) (the Insurer), 16969 NW 67TH AUE  (Address of the Insurer)
hereby certifies that it has issued liability insurance to: RECKY'S OIL SERVICE (the insured), (Name of the insured)
P.o. Box 669295 MIAMI FC 33166 whose EPA Identification number is FL D 98101973 (Address of the Insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
The insurance is primary and the company shall be liable for amounts up to \$ mm / mm less the deductible or
retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the insured.
This coverage is provided under policy number 669 68 48 602 59 issued on may 2, 2010
This coverage is provided under policy number 667 68 48 502 57 issued on 7004 2, 2010.  The expiration date of said policy is 700 2, 2010 or the annual renewal date is (Date)
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 this policy.
<ul> <li>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.</li> </ul>
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 or by any other termination of the insurence (e.g. expiration or 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 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 or more States, including Fiorida.
(Signature of Insurer or Authorized Representative)  Authorized Representative of
ALEKANDER TONALS STATE FARM INSURANCE
(Type Name) (Name of Insurer)
(Title) (Address of Representative)
Pege 1 of 2



#### Department of Environmental Protection

MS 4550 2600 Blair Stone Road Taflanassee, Florida 32399-2400

User Of Transporter

#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or Type Form 1. STATE Farm
(Name of the insurer) \_\_\_\_\_, (the insurer), 16969 NW 67<sup>TH</sup> AUE (Address of the insurer) hereby certifies that it has issued liability insurance to: REKY'S OIL SERVICE (the insured), (Name of the insured) Po. Box 669295 MIAMI FL 33166 Whose EPA Identification number is FLD 981019755 (Address of the Insured) This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form) The insurance is primary and the company shall be liable for amounts up to \$ mm / mm / less the deductible or \_\_\_ for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the insured. This coverage is provided under policy number 364 3465 Fo755, issued on June 7, 2010 (Date) The expiration date of said policy is DEC 7, 200 or the annual renewal date is \_ 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 this policy. b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimburgement by the insured for any such payment made by the insurer. c. Whenever requested by the Secretary (or designes) 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 or by any other termination of the insurance (e.g. expiration or 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.

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 or more States, including Florida. (Signature of Insurer or Authorized Representative) Authorized Representative of (Address of Representative) Page 1 of 2

s. 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 judgments resulting from accidents which occur during the time the policy is in effect.



### Department of Environmental Protection FDEP M9 4550 2600 Blair Stone Road Tallahaussee, Florida 32399-2400

DGP Form #98 7(U.901(4) Form File Carifform of Liability in Liket Ci Limited And

#### Certificate of Liability Insurance **Used Oil Transporters**

	Liegos Liur O. 1 Mai - Louis
1	STATE Farm
	(Name of the Insurer) (Address of the Insurer)
	hereby certifies that it has issued liability insurance to: LECKY & OZI SERVICE (the insured),  (Name of the insured)
	P.O. BOX 669295 MT 7 7 23/6/ When EDA Hamiltonian - F/ A 98/0/9755
	P.O. Box 669295 MIAME, FC 33166 Whose EPA Identification number is FCD 981019755 (Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$ mm/lmm less the deductible or
	retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
	This coverage is provided under policy number 229 2854 301 59 issued on FLB / 2010
	This coverage is provided under policy number 229 2854 301 59, issued on FEB 1, 2010  The expiration date of said policy is AUG 1, 2010 or the annual renewal date is (Date)
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 this 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 or by any other termination of the insurance (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in effect.
	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 or more States, including Florida.
70:	Authorized Representative of
(Sig	mature of insurer of Authorized Representative)
(Tyt	ALEXANDER TORRES  STATE FARM INSURANCE  (Name of insurer)  OFFICE REPRESENTATIVE  (Address of Representative)
1.11	OFFICE REPRUSONTATION 16565 211 17714 AUG
(THE	e) (Address of Representative)
	Page 1 of 2



### Department of Environmental Protection FDEP MS 4550 7600 Bisir Stone Road Tallahassee, Florids 32399-2400

OEP Form 652 7(U.Shiriza)
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#### Certificate of Liability Insurance **Used Oil Transporters**

Please Print or Type Form
1. STATE Farm (the insurer), 16969 NW 67 <sup>TH</sup> AUE (Address of the insurer)
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: LEKY SOIL SERVICE (the insured), (Name of the insured)
P.O. BOX 669295 FINT 5 22111
P.o. Box 669295 MIAMI FL 33/66 whose EPA Identification number is FL D 98/0/9753 (Address of the Insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710,600(2)(e). [See page 2 on the back side of this Form]
The insurance is primary and the company shall be liable for amounts up to \$ mm/lmm/lmm less the deductible or
retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured,
This coverage is provided under policy number 026 9926 80159, issued on FEB 1, 2010
This coverage is provided under policy number <u>0.26, 99.26 &amp; 0.15.7</u> , issued on <u>FEB 1, 2010</u> .  The expiration date of said policy is <u>AUG 1, 200</u> or the annual renewal date is (Date)
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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Fiorida.
(Signature of Insurer or Authorized Representative)
,
(Type Name) STATE Farm Insurance (Name of Insurance)
DEFECT REPOSENTATEUE 16969 NW 67TH AUG MEANE FL 33015
(Title) (Address of Representative) Page 1 of 2



## Department of Environmental Protection FDEP MS 4550 2500 Biel Stone Road Tallahassee, Florids 32399-2400

DEF From RB2 71L001(4)
Form 1960 Confingsto of Legality Insurance
Lines Oil Introduting
Effective Data June 9, 2005

#### Certificate of Liability Insurance **Used Oil Transporters**

	Please Print or 1	
1	STATE Farm (the insurer)	16969 NW 67TH AUE
{	Name of the Insurer)	(Address of the Insurer)
h	ereby certifies that it has issued liability insurance to: Pecky's	ozi Seruzce (the Insured), ame of the Insured)
	P.o. Box 669295 mant FC 33166 v (Address of the Insured)	mose EPA Identification number is FLD 981019755
T	his insurance complies with the insured's obligation to demonst	ate the financial responsibility required by Florida
A	dministrative Code Rule 62-710.600(2)(e). [See page 2 on the l	pack side of this Form]
Ti	he insurance is primary and the company shall be liable for amo	unts up to \$ /mm / /mm less the deductible or
	etention of \$ for each accident exclusive	of legal defense costs. If a deductible or retention is applied,
	s amount may not exceed 10% of the equity of the insured,	
TI	his coverage is provided under policy number <u>026 992 y</u>	180/59 issued on FEB 1, 2010
T	his coverage is provided under policy number <u>026 992 F</u> he expiration date of said policy is <u>Avg. 1, 2010</u> or the	e annual renewal date is(Date)
2. Th	ne insurer further certifies the following with respect to the insura	nce described in Paragraph 1:
a.	Bankruptcy or insolvency of the insured shall not relieve the ins	urer of its obligations under this policy.
b. by	The insurer is liable for the payment of amounts within any ded the insured for any such payment made by the insurer.	uctible applicable to the policy, with a right of reimbursement
c. Ine	Whenever requested by the Secretary (or designee) of the Flori surer agrees to furnish to the Department a signed duplicate orig	da Department of Environmental Protection (FDEP), the initial of the policy and all endorsements.
V01	Canceliation of the insurance, whether by the insurer or the Instruction or non-renewal), will be effective only upon written notice such written notice is received by the Secretary of the FDEP as	
aul	The Insurer shall not be liable for the payment of any judgment cidents which occur after the termination of the insurance descri- insurer for the payment of any such judgments resulting from a	and barnin hid acale tarmination shall not all it is a con-
l he	ereby certify that the Insurer is licensed to transact the business plus lines insurer, in one or more States, including Florida.	of insurance, or eligible to provide insurance as an excess or
(Signa	ture of Insurer or Authorized Representative)	Authorized Representative of
A	EXAMPLA TORRES	STATE Fan on TusunANCC
(Type I	Name)	STATE FARM INSURANCE (Name of Insurer)
(This)	EFICE REPRESENTATEUE 1696 (Address of F	9 NW 67TH AVE MEANT, FC 33015
/ ine/	(Address of F Page 1 of 2	(cpresentative)



## Department of Environmental Protection FDEP MS 4550 2600 Brair Stone Road Tallahaseee, Florida 32399-2400

#### Certificate of Liability Insurance **Used Oil Transporters**

	Please Pfint or Type Form
1	(Name of the Insurer) (the Insurer), 16969 NW 67 <sup>TM</sup> AUE (Address of the Insurer)
	(Name of the Insurer) (Address of the Insurer)
	hereby certifies that it has issued liability insurance to: REKY'S OIL SERVICE (the insured), (Name of the insured)
	P.o. Box 669295 MIAMIT, FC 33166 Whose EPA Identification number is FC D 981019753 (Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$   com less the deductible or
	retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
	This coverage is provided under policy number 039 1843 809 59 issued on FEB 9, 2010
	This coverage is provided under policy number 039 1843 809 59, issued on FEB 9, 2010  (Date)  The expiration date of said policy is AUG 8, 2010 or the annual renewal date is (Date)
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 this policy.
	b. The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimburement 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida.
(Si	gnature of Insurer or Authorized Representative)  Authorized Representative of
	ALEXANDER TORRES STATE FARM INSURANCE
(Ту	(Name of Insurer)
(T)	OFFICE REPRESENTATIVE 16868 NW 67TH AUT MEANE, EL 33015
·(TH	(Address of Representative) Page 1 of 2

FRX NO. : 3858872888



# Department of Environmental Protection FDEP MS 4560 2600 Stair Stone Road Taltahassee, Florida 32399-2400

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#### Certificate of Liability Insurance **Used Oil Transporters**

	Please Print or Type Form
1	(Name of the insurer) (the insurer), 16969 NW 67TH AUE  (Address of the insurer)
	(Name of the Insurer) (Address of the Insurer)
	hereby certifies that it has issued liability insurance to: LECKY'S OIL SERVICE (the insured), (Name of the insured)
	(Name of the Insured)  Po. Box 669295 mtamt, Ft 33166 whose EPA Identification number is FL D 98101975.  (Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to \$ Imm   Imm   less the deductible or
	retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the insured.
	This coverage is provided under policy number 075 8720 601 55 issued on FLB 1, 2010
	This coverage is provided under policy number, 075 8720 601 55, issued on FEB 1, 2010.  (Date)  (Date)  (Date)
- 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 this 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.
	<ul> <li>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.</li> </ul>
	d. Cancellation of the insurance, whether by the insurer or the ineured or by any other termination of the insurance (e.g. expiration or 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 judgments resulting from accidents which occur during the time the policy is in effect.
1	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 or more States, including Florida.
(Sig	nature of Insurer or Authorized Representative)  Authorized Representative of
-	ALEXANDER TORRES STATE FARM INSURANCE
(Тур	e Name of Insurer)
(Title	OFFICE PERMESENTATEUE 16869 NW 67 TH AUC , MEANT HE 33015
,	(Address of Representative)

DEP Form #62-710.901(4)
Tom Title Gerifficate of Elability
Insurance, Ueed Oil Transporters
Effective Date June 9, 2005

#### Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy

with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>