

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.

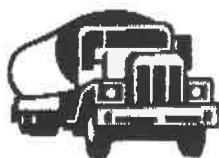
B. Plant Procedures

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 be prohibited from using a company vehicle until the licenses are updated.



Ricky's Oil Service, Inc.

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

DATE: 7/20/10

TO: FDEP

Attn: Aprilia Graves

PHONE: (850) 245-8755 FAX: (850) 245-8810.

FROM: Edel.

FAX PAGE 1 of 6.

Good morning Aprilia, here are the papers
you requested.

Thanks

Edel.



Department of Environmental Protection
FDEP, MS 4555, 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.801(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2008

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 REGISTERED PERSONS

1. Company Name: RICKY'S OIL SERVICE, INC 2. Telephone No. (305) 822-2253

Site Address: P.O. BOX 669295 MIAMI, FL 33166

3. EPA ID No. 091 019 755

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

4. 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)

Used Oil: ☒ Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point ☐ Processor ☒ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

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

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
1372291	89735	63000	1525026
			0
			106535
			1631561

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

In State	Out of State
0	
1165328	
0	
0	
0	
0	
222300	
20350	
1407978	
223583	

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....



Department of Environmental Protection
FDEP MS 4880 2000 Blair Stone Road Tallahassee, Florida 32309-2400



Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (Name of the Insurer), 16969 NW 67TH AVE (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
P.O. Box 669295 (Address of the Insured) whose EPA identification number is FLD 981019755

This insurance complies with the Insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(a). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000/1,000,000/1,000,000 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 A1859 issued on JULY 18, 2010 (Date)

The expiration date of said policy is JAN 18, 2011 (Date) or the annual renewal date is _____ (Date)

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.
- 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.
- 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.
- 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.
- 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 line insurer, in one or more States, including Florida.

Alexander Tonnas
(Signature of Insurer or Authorized Representative)

ALEXANDER TONNAS
(Type Name)

OFFICE REPRESENTATIVE
(Title)

Authorized Representative of

STATE FARM INSURANCE
(Name of Insurer)

16969 NW 67TH AVE, MIAMI FL 33015
(Address of Representative)

Page 1 of 2

JUL 19 2010 01:31PM F3

FAX NO.: 3058872800

FROM: RICKY'S OIL SERVICE

JUL 20 2010 09:42AM F5

FAX NO.: 3058872800

FROM: RICKY'S OIL SERVICE



Department of Environmental Protection
FDPEP MS 4650 2000 Blair Stone Road Tallahassee, Florida 32389-2400



Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (Name of the Insurer), 16969 NW 67TH AVE (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RECKY'S OIL SERVICE (the Insured),
P.O. Box 669295 (Address of the Insured) whose EPA Identification number is FLD 981019755

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 \$ 1MM 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 D135283A1659 issued on July 16, 2010
The expiration date of said policy is JAN 16, 2011 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

ALEXANDER TORRES
(Type Name)

OFFICE REPRESENTATIVE
(Title)

Authorized Representative of

STATE FARM INSURANCE
(Name of Insurer)

16969 NW 67TH AVE, MIAMI FL 33015
(Address of Representative)

Page 1 of 2

JUL 19 2010 01:31PM P3

FAX NO.: 30588722800

FROM: RICKY'S OIL SERVICE

JUL 20 2010 09:42AM P4

FAX NO.: 30588722800

FROM: RICKY'S OIL SERVICE

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/15/2010
PRODUCER C & C Insurance 1921 NW 150 Ave. Ste. 101 Pembroke Pines FL 33028 INSURED RICKY'S OIL SERVICES, INC. 7209 NW 66 ST MIAMI FL 33166		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE INSURER A: Indian Harbor Insurance Company INSURER B: Associated Industries INSURER C: INSURER D: INSURER E:		NAIC # 36940

COVERAGES

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

INSR ADD'L LTR INDR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GEC0020431101	05/01/2010	05/01/2011	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS, COMP/OP AND \$ 2000000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	UEC002043001	05/01/2010	05/01/2011	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	AWC1003977	09/24/2009	09/24/2010	<input checked="" type="checkbox"/> WC STATUS - TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 F.I. DISEASE - EA EMPLOYEE \$ 1000000 F.I. DISEASE - POLICY LIMIT \$ 1000000
A	Pollution Liability	PEC001679801	05/01/2010	05/01/2013	\$1000000 each loss \$1000000 total \$25000 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Premises: 7209 NW 66 St, Miami, fl. 33166-Coverage is special form, including theft up to \$10000, EXCLUDING WIND, \$1000 deductible

CERTIFICATE HOLDER

FDEP
 62600 BLAIRSTONE ROAD
 TALLAHASSEE, FL 32399
 RE: (Caminiti BC Translt)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/03)

© ACORD CORPORATION 11

EPA ID No.

FLD981019755

D. Other State Regulated Waste Activities:

- ☐ Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]
Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
☐ (2) Waste generated by business has been delisted.
☒ (3) Other (explain) _____

NON - HANDLER**B. Facility Closed**

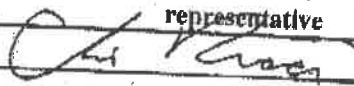
- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____
Address _____
City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative



Print Name and Title

CHRIS RICCI

Date Signed
(mm-dd-yyyy)

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

For halogen testing: We use sniffers & dextil kits before picking up the oil.



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

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handler's
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 REGISTERED PERSONS

1. Company Name: RICKY'S OIL SERVICE, INC 2. Telephone No. (305) 822 - 2253

Site Address: P.O. BOX 669295 MIAMI, FL 33166

3. EPA ID No. 091 019 755

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

4. 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)

Used Oil: o Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point o Processor ☒ Marketer

o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility Processor o End User

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

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
1,105,134	89,735	63,000	1,257,869
			106,535
			1,364,404

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

In State	Out of State
0	
1,165,328	
0	
0	
0	
0	
222,300	
20,350	
1,180,000	147,978
184,404	

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....



Department of Environmental Protection
FDEP MS 4650 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62 710.600(2)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm 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 D13528341659 issued on Jan 16, 2010
(Date)

The expiration date of said policy is July 16, 2010 or the annual renewal date is _____
(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.

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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES
(Type Name)

STATE FARM Insurance
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



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

DEP Form 682 710.600(2)
Form 196 Certificate of Liability Insurance
Last ed. 10/06/05
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1000/1000/1000 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
(Date)

The expiration date of said policy is JULY 18, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES
(Type Name)

STATE Farm Insurance
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2

EPA ID No.

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial 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 originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

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, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address



**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

Date Received

Received Official Use Only

JUN 28 2010

BSHW RCRA Info

EPA ID F L D 9 8 1 0 1 9 7 5 5

MTS

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous 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
Business Name**

RICKYS OIL SERVICE, INC

FEID No.

5 9 2 3 4 5 5 7 6

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

CHRIS RICCI

☐ New Operator

Date became Operator: ____/____/1952
mm dd yy

Street or P.O. Box:

P.O. BOX 669295

Phone Number: 305-822-2253

City or Town:

MIAMI

State: FL

Zip Code: 33166-9430

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

7209 NW 66 ST

City or Town:

MIAMI

State: FL

Zip Code: 33166-3007

County:

Dade

If available, please attach a map or sketch of the facility boundaries.

Latitude:

25 50.0503

Longitude:

80 18.8527

Method:

dd mm ss.ssss

dd mm ss.ssss

Datum:

**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

562219

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

P.O. BOX 669295

City or Town:

MIAMI

State: FL

Zip Code: 33166-9430

**7. Facility or
Business Contact
Person**

First Name:

CHRIS

Last Name:

RICCI

Title:

PRESIDENT

Phone Number:

305-822-2253

Extension:

103

E-Mail:

CHRIS@RICKYSOIL.COM

Street or P.O. Box:

7209 NW 66 ST

City or Town:

MIAMI

State: FL

Zip Code: 33166-9430

**8. Real Property
(Land) Owner
of the Facility's
Physical Location**
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

CHRIS RICCI

☐ New Owner

Date became Owner: ____/____/1952
mm dd yy

Street or P.O. Box:

P.O. BOX 669295

Phone Number: 305-822-2253

City or Town:

MIAMI

State: FL

Zip Code: 33166-9430

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ 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

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(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.)

(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

(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.**(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 _____

Telephone _____

Policy Number _____

Expiration 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.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☐ **Annual update notification**

EPA ID No.

FLD981019755

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
☐ (2) Waste generated by business has been delisted.
☒ (3) Other (explain) **NON - HANDLER**

B. Facility Closed

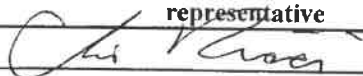
- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____
Address _____
City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative



Print Name and Title

CHRIS RICCI

Date Signed
(mm-dd-yyyy)**If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:**

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

For halogen testing: We use sniffers & dextil kits before picking up the oil.

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	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	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry, for recycling.....	646,250	
d. TOTAL.....	646,250	
5. End of year, on hand 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	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 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: aprilia.graves@dep.state.fl.us,



Department of Environmental Protection
FDEP MS 4560 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 622 7/10/0140
Form 710 Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1,000,000/1,000,000/1,000,000 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 165 8784 80159 issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torgas
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORGAS
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



Department of Environmental Protection
FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEM Form #22 710.87143
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Rocky's OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm/1mm/1mm 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 081823420159 issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

Authorized Representative of

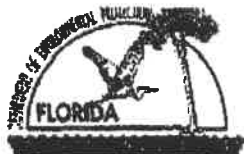
ALEXANDER TORRES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



Department of Environmental Protection
FDEP MS 4850 7600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 982 710.600(2)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the insured),
(Name of the Insured)
P.O. 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 \$ 1mm/1mm/1mm 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 683 7459 88159 issued on FEB 01, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Tennes
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TENNES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



Department of Environmental Protection
FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEM Form 682 7-10-01 (1-10-10)
Form 682 Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2003

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm/1mm/1mm 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 9925 801 59 issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 4, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Tondel
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TONDEL
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICIAL REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



Department of Environmental Protection
FDEP MS 4550 7600 Blair Stone Road Tallahassee, Florida 32309-2400

DEP Form 982 710.98144
Form 170e Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 8, 2003

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)
P.O. 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 \$ 1mm/1mm/1mm 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 C0159 issued on MAR 1, 2010
(Date)

The expiration date of said policy is SEPT 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Tarras
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TARRAS
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



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

OSP Form 982 710.60(14)
Form 982 Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 8, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
P.O. 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 \$ 1,000,000 / 1,000,000 / 1,000,000 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 624 0068 80159, issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Robert Jones
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)
Page 1 of 2



Department of Environmental Protection
FDEP MS 4650 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 950 7-10-801(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)
P.O. 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 \$ 1mm/1mm/1mm 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 6848 E02 59 issued on MAY 2, 2010
(Date)

The expiration date of said policy is NOV 2, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alfred Jones
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TENAKS
(Type Name)

STATE FARM Insurance
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33155
(Address of Representative)
Page 1 of 2



Department of Environmental Protection
FDEP MS 4560 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 692 7/10/01 (14)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1MM/1MM/1MM 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 3643465 F0759 issued on JUNE 7, 2010
(Date)

The expiration date of said policy is DEC 7, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Tannus
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TANNUS
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)
Page 1 of 2



Department of Environmental Protection
FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 928 7-10-2010
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ROCKY SOIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm/1mm/1mm 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 229285430159, issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



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

DEP Form #32 710.600(2)
Form for Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm/1mm/1mm 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
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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
- 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.
- 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.
- 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.
- 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.

Alexander Torales
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORALES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



Department of Environmental Protection
FDEP MS 4850 2500 Blair Stone Road Tallahassee, Florida 32399-2400

FDEP Form 882 7/10/01 (43)
Form 770a Certificate of Liability Insurance
Last CA Issued 01/01/01
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)
P.O. 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 \$ 1mm/1mm/1mm 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 9928 30159 issued on FEB 1, 2010
(Date)
The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Traves
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TRAVES
(Type Name)

STATE FARM Insurance
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)

Page 1 of 2



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

DEP Form 692 710.601(4)
Form 710 Certificate of Liability Insurance
Last Ch. 11/2005
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: RICKY'S OIL SERVICE (the Insured),
(Name of the Insured)

P.O. 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 \$ 1mm/1mm/1mm 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
(Date)

The expiration date of said policy is AUG 9, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torres
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORRES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE MIAMI, FL 33015
(Address of Representative)
Page 1 of 2



Department of Environmental Protection
FDEP MS 4560 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DD Form 892 7/10/03
Form title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 5, 2003

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. STATE FARM (the Insurer), 16969 NW 67TH AVE
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: ROCKY'S OIL SERVICE (the Insured),
(Name of the Insured)
P.O. 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 \$ 1mm/1mm/1mm 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 0758720 80155 issued on FEB 1, 2010
(Date)

The expiration date of said policy is AUG 1, 2010 or the annual renewal date is _____
(Date) (Date)

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.
- 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.
- 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.
- 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.
- 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.

Alexander Torales
(Signature of Insurer or Authorized Representative)

Authorized Representative of

ALEXANDER TORALES
(Type Name)

STATE FARM INSURANCE
(Name of Insurer)

OFFICE REPRESENTATIVE
(Title)

16969 NW 67TH AVE, MIAMI, FL 33015
(Address of Representative)

Page 1 of 2

DEP Form #62-710.901(4)
Form Title: Certificate of Liability
Insurance, Used 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: aprilia.graves@dep.state.fl.us