

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CESQG	2. Page 1 of 1	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087981 JJK		
5. Generator's Name and Mailing Address Miami Dade Aviation Dept. 6445 NW 25th St Miami, FL 33122		Generator's Site Address (if different than mailing address)					
Generator's Phone: 954-260-2713							
6. Transporter 1 Company Name World Petroleum Corp.		U.S. EPA ID Number FLD 980709075					
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions Inc.		U.S. EPA ID Number FLD 000 702 985					
8. Designated Facility Name and Site Address Clean Earth Specialty Waste Solutions 8505 NW 74th St Miami, FL 33166		U.S. EPA ID Number FLD 000 702 985					
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	✓	UN3006 Mercury Contained IN Manufactured Articles (Universal Waste) 8. (6.1)	001	CW	75	P	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1) 170162-00 ERG (172) Mercury Thermometer - Rec M 2) Profile# 1701620-00							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name Charles Overstreet		Signature Charles Overstreet		Month Day Year 11 25 20			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Chris M. H...		Signature [Signature]		Month Day Year 11 25 20		
	Transporter 2 Printed/Typed Name Denise Hernandez		Signature [Signature]		Month Day Year 11 25 20		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____						
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator)						Month Day Year 11 25 20
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 7a							
Printed/Typed Name Denise Hernandez		Signature [Signature]		Month Day Year 11 25 20			

Order # 4191388

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0034

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CESQ67	2. Page 1 of 2	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087982 JJK
5. Generator's Name and Mailing Address Miami Dade Aviation Dept. 6445 NW 25 St Miami, FL 33122		Generator's Site Address (if different than mailing address)			
Generator's Phone: 954-260-2713					
6. Transporter 1 Company Name World Petroleum Corp.		U.S. EPA ID Number FLD 980709075			
7. Transporter 2 Company Name STERYLITE SPECIALTY Waste Solutions		U.S. EPA ID Number ANS000010924			
8. Designated Facility Name and Site Address PSC/Allworth 500 Medco Rd Birmingham, AL		U.S. EPA ID Number ALD094476793			
Facility's Phone:					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	✓	1. NA3077 Hazardous waste, solid, N.O.S. (Mercury) 9 PG III RQ (D009=16) ERG (171)	001	DM	55 GL
		2.			
		3.			
		4.			
13. Waste Codes					
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL metal drum 2) Profile# 1701701-00					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name Charles Overstreet Signature Charles Overstreet Month 11 Day 25 Year 26					
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	17. Transporter Acknowledgment of Receipt of Materials				
TRANSPORTER	Transporter 1 Printed/Typed Name Chris Northey Signature _____ Month 11 Day 25 Year 20				
	Transporter 2 Printed/Typed Name Denise Hernandez Signature [Signature] Month 11 Day 25 Year 20				
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____				
	Facility's Phone: _____				
	18c. Signature of Alternate Facility (or Generator) _____				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H141 2. _____ 3. _____ 4. _____					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name SDUDLEY Signature SD Month 11 Day 25 Year 2020					

CERTIFICATE OF ACCEPTANCE FOR RECYCLING AND/OR DISPOSAL

ISSUED TO:

**WORLD PETROLEUM CORP
4100 SW 47TH AVE.**

DAVIE, FL 33314

By accepting the waste products described by the document number below on this certificate, Veolia ES Technical Solutions L.L.C. (Veolia ES) certifies to the generator that the transportation, storage or processing methods employed are in accordance with the Veolia ES permit parameters and all applicable federal, state and local laws.

Product Code	Description	QTY	UOM
LP-F04	Recycle - Four Foot Fluorescent Lamps	36	LMP

KEY: P=POUNDS, LFT = LINEAR FEET, LMP = LAMP, EA = EACH.

Questions regarding this certificate should be directed to customer service, toll-free at 1-800-556-5267.

DOCUMENT #: K12719208

RECEIVED DATE: 14-DEC-20

PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305

PROCESSING FACILITY EPA ID#: FL0000207449

RETURN TRACKING#: 691191700846725

UNIQUE CONTAINER NUMBER: 6C52245D-8E12845F


ITEM CODE #: SUPPLY-098



ENVIRONMENTAL SERVICES

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074



Kevin Shaver, Branch Manager

CERTIFICATE OF ACCEPTANCE FOR RECYCLING AND/OR DISPOSAL

ISSUED TO:

**WORLD PETROLEUM CORP
4100 SW 47TH AVE.**

DAVIE, FL 33314

By accepting the waste products described by the document number below on this certificate, Veolia ES Technical Solutions L.L.C. (Veolia ES) certifies to the generator that the transportation, storage or processing methods employed are in accordance with the Veolia ES permit parameters and all applicable federal, state and local laws.

Product Code	Description	QTY	UOM
LP-F04	Recycle - Four Foot Fluorescent Lamps	36	LMP

KEY: P=POUNDS, LFT = LINEAR FEET, LMP = LAMP, EA = EACH.

Questions regarding this certificate should be directed to customer service, toll-free at 1-800-556-5267.

DOCUMENT #: K12719209

RECEIVED DATE: 14-DEC-20

PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305

PROCESSING FACILITY EPA ID#: FL0000207449

RETURN TRACKING#: 691191700846718

UNIQUE CONTAINER NUMBER: 8Y52246Z-1A12839B


ITEM CODE #: SUPPLY-098



ENVIRONMENTAL SERVICES

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074



Kevin Shaver, Branch Manager

CERTIFICATE OF ACCEPTANCE FOR RECYCLING AND/OR DISPOSAL

ISSUED TO:

**WORLD PETROLEUM CORP
4100 SW 47TH AVE.**

DAVIE, FL 33314

By accepting the waste products described by the document number below on this certificate, Veolia ES Technical Solutions L.L.C. (Veolia ES) certifies to the generator that the transportation, storage or processing methods employed are in accordance with the Veolia ES permit parameters and all applicable federal, state and local laws.

Product Code	Description	QTY	UOM
LP-F04	Recycle - Four Foot Fluorescent Lamps	36	LMP

KEY: P=POUNDS, LFT = LINEAR FEET, LMP = LAMP, EA = EACH.

Questions regarding this certificate should be directed to customer service, toll-free at 1-800-556-5267.

DOCUMENT #: K12719179

RECEIVED DATE: 14-DEC-20

PROCESSING FACILITY: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 342 MARPAN LANE , TALLAHASSEE, FL 32305

PROCESSING FACILITY EPA ID#: FL0000207449

RETURN TRACKING#: 691191700848705

UNIQUE CONTAINER NUMBER: 9052243P-7Q14824R

ITEM CODE #: SUPPLY-098



VEOLIA

ENVIRONMENTAL SERVICES

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

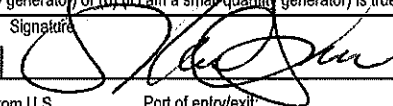
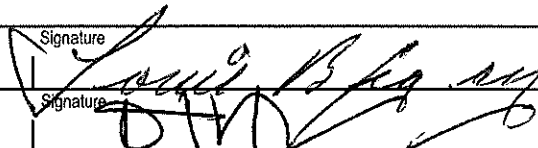
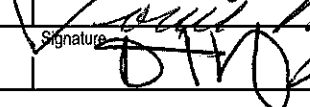
1275 MINERAL SPRINGS DRIVE PORT WASHINGTON, WI 53074

Kevin Shaver, Branch Manager

3947591

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD9817515 89	2. Page 1 of 1	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087969 JJK			
5. Generator's Name and Mailing Address ED Morris Delray Cadillac 2300 S Federal Hwy Delray Beach, FL					Generator's Site Address (if different than mailing address)			
Generator's Phone: 561-900-3141								
6. Transporter 1 Company Name World Petroleum Corporation					U.S. EPA ID Number FLD980709075			
7. Transporter 2 Company Name Stericycle Specialty Waste Solution					U.S. EPA ID Number MNS000110924			
8. Designated Facility Name and Site Address PSC/Allworth 500 Piedmont Birmingham, AL					U.S. EPA ID Number ALD094476793			
Facility's Phone:								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	✓	1. UN1203 Waste Paint Related Material 3 Pkts BQ (0001 = 100 lbs)	001	DM	55	GL	0001 0005 F003	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) Profile # 416942-02								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Mario Vergara (As Agent)					Signature 		Month Day Year 4/13/20	
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	Transporter signature (for exports only): _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Louie Bigay					Signature 		Month Day Year 4/13/20
	Transporter 2 Printed/Typed Name Denise Hernandez					Signature 		Month Day Year 10/13/20
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____ U.S. EPA ID Number _____							
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
	Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) _____						Month Day Year ____	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
	1. H061	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name Shenitta Cole					Signature SC		Month Day Year 4/20/20	

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3447587

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000046268		2. Page 1 of 1		3. Emergency Response Phone 954-327-0724		4. Manifest Tracking Number 019087962 JJK			
		5. Generator's Name and Mailing Address Kendall Toyota Collision 12480 SW 130 St Miami, FL									
Generator's Phone:		6. Transporter 1 Company Name World Petroleum Corp.				U.S. EPA ID Number FLD980709075					
7. Transporter 2 Company Name Stencyle Specialty Waste Solution		U.S. EPA ID Number MNS00010424				8. Designated Facility Name and Site Address PSC/Allworth 500 Medical Rd Birmingham, AL					
Facility's Phone:						U.S. EPA ID Number ALD094476793					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
						No.	Type				
	1.	UN1263 Waste Paint Related Material 3 Pk II RQ (DOOI = 100 lbs)				002	DM	210	GL	DOOI	
	2.										
	3.										
4.											
14. Special Handling Instructions and Additional Information 1) 2 x 55 GL Metal Drums 2) Profile II 852720-03											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offoror's Printed/Typed Name Vernando Aleman								Signature <i>[Signature]</i>		Month Day Year 04/13/20	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name Louie Bigay								Signature <i>[Signature]</i>		Month Day Year 04/13/20
	Transporter 2 Printed/Typed Name Denise Hernandez								Signature <i>[Signature]</i>		Month Day Year 04/13/20
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____ U.S. EPA ID Number _____										
	18b. Alternate Facility (or Generator)										
	Facility's Phone: _____ Month Day Year _____										
18c. Signature of Alternate Facility (or Generator)											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H061		2.		3.		4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a											
Printed/Typed Name Shenitta Cole								Signature SC		Month Day Year 14/20/20	

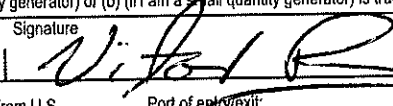

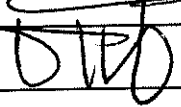
EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3947585

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD004546083		2. Page 1 of 1	3. Emergency Response Phone 954-327-0724		4. Manifest Tracking Number 019087968 JJK		
5. Generator's Name and Mailing Address ED MORSE Bayview Cadillac 1240 N Federal Hwy Ft Lauderdale, FL 33304					Generator's Site Address (if different than mailing address)				
Generator's Phone: 954-563-6338					U.S. EPA ID Number FLD980709075				
6. Transporter 1 Company Name World Petroleum Corporation					U.S. EPA ID Number MA500010974				
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions					U.S. EPA ID Number ALDO 94476743				
8. Designated Facility Name and Site Address PSC/Allworth 500 Medco Rd Birmingham, AL					U.S. EPA ID Number				
Facility's Phone: 205-841-1707									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	✓ 1.	UN1263 Waste Paint Related Material 3 Pkgs RQ (D001=100 lbs)			001 DM		55	GL	D001 D035 F003 F005
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information 1) Profile 765493-03 (SC) 2) Profile # 852720-03									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name Victor Ramsey					Signature 		Month Day Year 04/13/20		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of exit: <u> </u> Date leaving U.S.: <u> </u>								
	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name Chad Gregory				Signature 		Month Day Year 4/13/20		
	Transporter 2 Printed/Typed Name Denise Hernandez				Signature 		Month Day Year 04/13/20		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number: <u> </u> U.S. EPA ID Number <u> </u>								
	18b. Alternate Facility (or Generator)								
	Facility's Phone: <u> </u> Month Day Year <u> </u>								
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H061		2. <u> </u>		3. <u> </u>		4. <u> </u>			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name Shemitta Cole					Signature SC		Month Day Year 4/20/20		

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3947563

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD067242677	2. Page 1 of 1	3. Emergency Response Phone 954-527-0724	4. Manifest Tracking Number 019087967 JJK		
5. Generator's Name and Mailing Address Alan Jay Chevrolet Inc. 441 US HWY 27 N Sebring, FL 33870		Generator's Site Address (if different than mailing address)					
Generator's Phone: 803-385-0144							
6. Transporter 1 Company Name World Petroleum Corporation		U.S. EPA ID Number FLD980709075					
7. Transporter 2 Company Name Stercycle Specialty Waste Solutions		U.S. EPA ID Number MNS000110924					
8. Designated Facility Name and Site Address PSC/Allworth 500 Medco Rd Birmingham, AL		U.S. EPA ID Number ALD094476793					
Facility's Phone: 205-841-1707							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	✓	1. UN3268 Waste Safety Devices, Electrically Initiated 9 RQ (D003=100lbs)	001	DM	55	GL	D003
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) Profile # 967855-01							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Maranda Rupert		Signature <i>Maranda Rupert</i>		Month Day Year 4 13 20			
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Louie Bigay		Signature <i>Louie Bigay</i>		Month Day Year 4 13 20		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name Denise Hernandez		Signature <i>Denise Hernandez</i>		Month Day Year 04 13 20		
	18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Shenitta Cole		Signature SC		Month Day Year 4 20 20			

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3469120

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000193276	2. Page 1 of 1	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087972 JJK	
5. Generator's Name and Mailing Address Sawgrass Ford 14501 W Sunrise Blvd Sunrise, FL 33351			Generator's Site Address (if different than mailing address)			
Generator's Phone:			U.S. EPA ID Number			
6. Transporter 1 Company Name World Petroleum Corporation			U.S. EPA ID Number FLD 980709075			
7. Transporter 2 Company Name Stericycle Specialty Waste Solution			U.S. EPA ID Number MNS000110924			
8. Designated Facility Name and Site Address PSC/Alworth 500 Medco Rd Birmingham, AL			U.S. EPA ID Number ALD0 94476793			
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	✓	1. UN1263 Waste Paint Related Material 3 PG II RQ (D001=100 lbs)	001	DM	55	GL
		2.				
		3.				
		4.				
13. Waste Codes						
						D001 D035 F003 F005
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) profile # 2D36002-05						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name X RAINIER PEREZ					Signature X [Signature]	
					Month Day Year 05 04 20	
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Mario Vergara					Signature [Signature]
	Transporter 2 Printed/Typed Name Denise Hernandez					Signature [Signature]
						Month Day Year 05 04 20
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone: Month Day Year					
	18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H061	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Sheritta Cole					Signature SC	
					Month Day Year 15 11 20	

GENERATOR

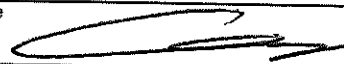
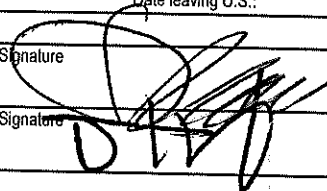
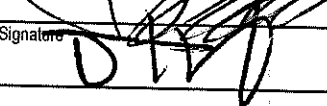
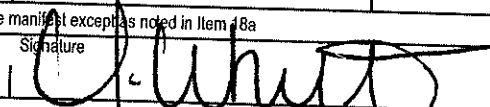
TRANSPORTER

DESIGNATED FACILITY

3980043

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000189829	2. Page 1 of 1	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087973 JJK	
5. Generator's Name and Mailing Address Miami Dade DERM / Pera 701 NW 1st Ct Miami, FL		Generator's Site Address (if different than mailing address)				
Generator's Phone: 954-327-0724						
6. Transporter 1 Company Name World Petroleum Corporation		U.S. EPA ID Number FLD980709075				
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions		U.S. EPA ID Number MNS000110924				
8. Designated Facility Name and Site Address PSX / Allworth 500 Medco Rd Birmingham, AL		U.S. EPA ID Number ALDO94476793				
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
✓ 1.	UN1866 Waste Resin Solution, 3 PG III RQ (D001=100lbs)	601	DM	55	GL	D001
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) Profile # 920134-01						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/picarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Chad Gregory (AS Agent)		Signature 		Month Day Year 5/13/20		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Mario VERCARA		Signature 		Month Day Year 5/13/20		
Transporter 2 Printed/Typed Name Denise Hernandez		Signature 		Month Day Year 05/13/20		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator)		Manifest Reference Number: U.S. EPA ID Number				
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)		Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Mariah White		Signature 		Month Day Year 5/20/20		

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

4077603

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD 981468796	2. Page 1 of 2	3. Emergency Response Phone 954-327-0124	4. Manifest Tracking Number 019087933 JJK			
5. Generator's Name and Mailing Address ED Morse Auto Plaza 10135 U.S. HWY 19 Port Richie, FL 34668				Generator's Site Address (if different than mailing address)				
Generator's Phone: 727-862-5411								
6. Transporter 1 Company Name World Petroleum Corporation				U.S. EPA ID Number FLD 980709075				
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions				U.S. EPA ID Number MNSU00110424				
8. Designated Facility Name and Site Address PSC/Allworth 500 Medco Rd Birmingham, AL				U.S. EPA ID Number ALDD 94476793				
Facility's Phone: 205-344-7111								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
✓	1. UN1263 Waste Paint Related Material 3 Pk II	001	DM	55	GL	0001	F003	F005
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information <div style="text-align: center;">1) 1 x 55 GL Metal Drum 2) Profile # 157974-00</div>								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name Dale Young				Signature <i>Dale Young</i>		Month Day Year 8 18 2020		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Matthew Hernandez				Signature <i>Matthew Hernandez</i>		Month Day Year 08 18 20		
Transporter 2 Printed/Typed Name Denise Hernandez				Signature <i>Denise Hernandez</i>		Month Day Year 08 19 20		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____ U.S. EPA ID Number _____								
18b. Alternate Facility (or Generator) _____								
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H061		2. _____		3. _____		4. _____		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Shenitta Cole				Signature <i>SC</i>		Month Day Year 8 26 20		

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

407696

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CES067		2. Page 1 of 2	3. Emergency Response Phone 954-327-0724		4. Manifest Tracking Number 019087935 JJK			
5. Generator's Name and Mailing Address 161 Auto Air Conditioning 2010 S Andrews Ave Ft. Lauderdale, FL					Generator's Site Address (if different than mailing address)					
Generator's Phone: 954-524-1169										
6. Transporter 1 Company Name World Petroleum Corporation					U.S. EPA ID Number FLD 980709075					
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions Inc					U.S. EPA ID Number MNS000110924					
8. Designated Facility Name and Site Address PSC/Allworth 500 Medio Rd Birmingham, AL					U.S. EPA ID Number ALDO 94476793					
Facility's Phone: 205-344-7711										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	✓	1. UN1993 Waste Flammable Liquids N.O.S. (Isopropyl Alcohol, Heptane) 3 PG II 12Q (D001=100 lbs) ERG (128)			001 DM		55	GL	D001	
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) profile# 785520-02										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled, placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Receipt.										
Generator's/Offert's Printed/Typed Name: X JEFF PROSJE Signature: X JEFF PROSJE Month: 08 Day: 19 Year: 20										
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name: Mario Vergara Signature: _____ Month: 08 Day: 19 Year: 20									
	Transporter 2 Printed/Typed Name: Denise Hernandez Signature: _____ Month: 08 Day: 19 Year: 20									
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____ U.S. EPA ID Number: _____									
	18b. Alternate Facility (or Generator) Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H061 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name: Shanita Ale Signature: Sc Month: 8 Day: 26 Year: 20										

Please print or type.

Form Approved. OMB No. 2050-0

**UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)**

21. Generator ID Number

CE506

22. Page
0F22

23. Manifest Tracking Number

01908793500K

24. Generator's Name

Kel Auto Air Conditioning

25. Transporter 3 Company Name

Freehold Cartage Inc

U.S. EPA ID Number

MD054226164

26. Transporter _____ Company Name

U.S. EPA ID Number

27a. HM 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

28. Containers

No. Type

29. Total
Quantity

30. Unit
Wt./Vol.

31. Waste Codes

TRANSPORTER ONLY

32. Special Handling Instructions and Additional Information

33. Transporter IS Acknowledgment of Receipt of Materials

Printed/Typed Name

Kamel Bryant

Signature

Kamel Bryant

Month Day Year

10 8 24 2020

34. Transporter _____ Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

4086340

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD067242677	2. Page 1 of 2	3. Emergency Response Phone 954-327-0724	4. Manifest Tracking Number 019087936 JJK				
5. Generator's Name and Mailing Address Alan Jay Chevrolet, Cadillac Inc 441 US HWY 27 N Sebring, FL 33870									
Generator's Phone: 863-385-0144				U.S. EPA ID Number FLD 980709075					
6. Transporter 1 Company Name World Petroleum Corporation				U.S. EPA ID Number FL0000702985					
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions				U.S. EPA ID Number ALD0 94476793					
8. Designated Facility Name and Site Address PSC/Allworth 500 Medco Rd Birmingham, AL									
Facility's Phone: 205-344-7711									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	✓	1. UN3268 Waste Safety Devices, Electrically Initiated 9 RQ (D003=100 lbs)		001 DM		55	GL	D003	
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1) 1 x 55 GL Metal Drum 2) Profile # 967855-01									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name Alfreda Rupert									
Signature <i>[Signature]</i>									
Month Day Year 8 27 20									
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
Transporter signature (for exports only):									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Chris Grimm									
Signature <i>[Signature]</i>									
Month Day Year 8 27 20									
Transporter 2 Printed/Typed Name Denise Hernandez									
Signature <i>[Signature]</i>									
Month Day Year 10 28 20									
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: U.S. EPA ID Number									
18b. Alternate Facility (or Generator)									
Facility's Phone: Month Day Year									
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H1141 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Carah White									
Signature <i>[Signature]</i>									
Month Day Year 9 14 20									
DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)									

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

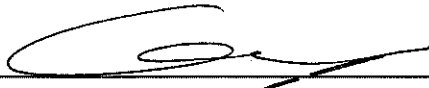
Record of Compliance

BUSINESS OWNER/MANAGER FORM

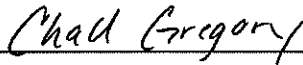
I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a business owner/manager.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

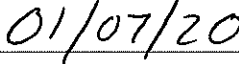
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Owner/Manager)



(Print Full Name of Owner/Manager)



(Today's Date: Include Month, Date & Year)

World Petroleum Corp
4100 SW 47th Avenue
Davie, FL 33314
954-327-0724

Instructions: This business owner/manager form receipt is to be read and signed by the firm's owner/manager and placed in his or her qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

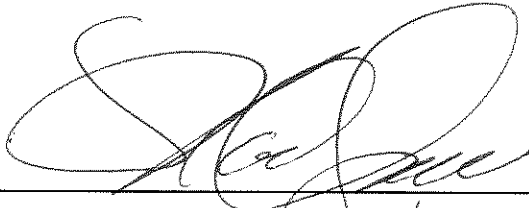
Record of Compliance

BUSINESS OWNER/MANAGER FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a business owner/manager.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Owner/Manager)



(Print Full Name of Owner/Manager)



(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47th Avenue

Davie, FL 33314

954-327-0724

Instructions: This business owner/manager form receipt is to be read and signed by the firm's owner/manager and placed in his or her qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

Record of Compliance

BUSINESS OWNER/MANAGER FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a business owner/manager.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Owner/Manager)

Andrea Miranda

(Print Full Name of Owner/Manager)

01/07/20

(Today's Date: Include Month, Date & Year)

World Petroleum Corp
4100 SW 47th Avenue
Davie, FL 33314
954-327-0724

Instructions: This business owner/manager form receipt is to be read and signed by the firm's owner/manager and placed in his or her qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.


Record of Compliance

EMPLOYEE/ DRIVERS FORM

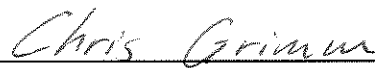
I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, a documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

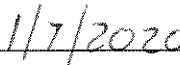
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)



(Print Full Name of Driver)



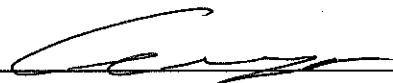
(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47th Avenue

Davie, FL 33314

954-327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

Record of Compliance

EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, a documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)



(Print Full Name of Driver)



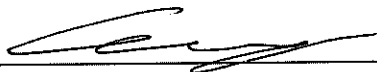
(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47th Avenue

Davie, FL 33314

954-327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

Record of Compliance

EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.

Wishy e

(Signature of Driver)

Wishy e

(Print Full Name of Driver)

2/14/20

(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47 Ave

Davie FL 33314

(954) 327-0724

[Signature]

(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

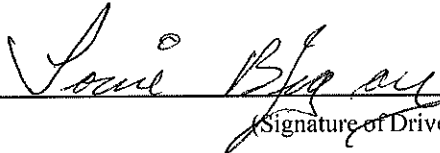
Record of Compliance

EMPLOYEE/ DRIVERS FORM

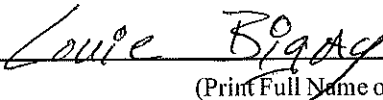
I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

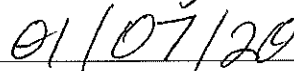
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)



(Print Full Name of Driver)



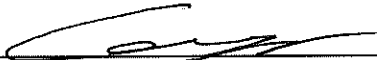
(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47 Ave

Davie FL 33314

(954) 327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

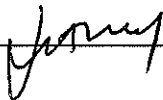
Record of Compliance

EMPLOYEE/ DRIVERS FORM

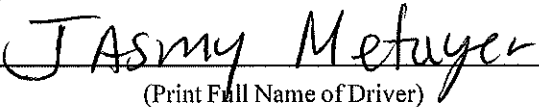
I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

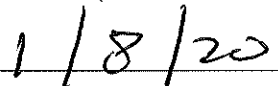
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)

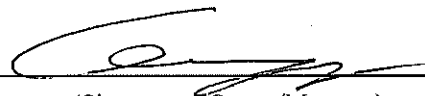


(Print Full Name of Driver)



(Today's Date: Include Month, Date & Year)

World Petroleum Corp
4100 SW 47 Ave
Davie FL 33314
(954) 327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

Record of Compliance

EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.


At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)



(Print Full Name of Driver)



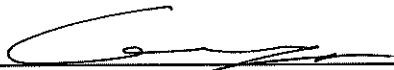
(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47 Ave

Davie FL 33314

(954) 327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

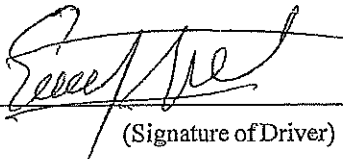
Record of Compliance

EMPLOYEE/ DRIVERS FORM

I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

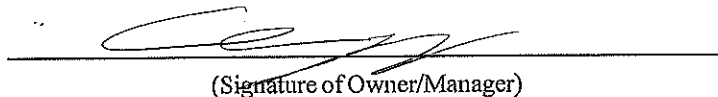
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.


(Signature of Driver)

Samuel Verminal
(Print Full Name of Driver)

1/07/20
(Today's Date: Include Month, Date & Year)

World Petroleum Corp
4100 SW 47 Ave
Davie FL 33314
(954) 327-0724


(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

Record of Compliance

EMPLOYEE/ DRIVERS FORM

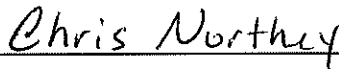
I hereby acknowledge receipt of a copy of the *Used Oil Transporters Certification and Training Manual*. I have familiarized myself with these regulations and will comply with their provisions at all times on duty as a driver/employee. I understand my responsibility for oil sample collection, field testing, and documentation of results on applicable transportation manifests at each Used Oil pick-up location. I will not transport and dispose of halogen containing oil in excess of 1,000 parts per million (ppm) as a non-hazardous waste.

I understand that by signing this form I am indicating that I have reviewed and understand the materials in the certification manual. I further understand that a copy of this form will remain on file as a personnel record at the firm and that a copy will be available upon request to the Department.

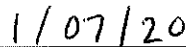
At least once a year, I will review the applicable state and federal laws and rules governing used oil transporting and sign a new form for the personnel record.



(Signature of Driver)



(Print Full Name of Driver)



(Today's Date: Include Month, Date & Year)

World Petroleum Corp

4100 SW 47 Ave

Davie FL 33314

(954) 327-0724



(Signature of Owner/Manager)

Instructions: This receipt is to be read and signed by the driver/employee. It should be countersigned by the firm's owner/manager and placed in the driver's qualification file. It must be updated annually. Violations of the certification law can lead to denial or revocation of certification.

99 SOLUTIONS GROUP, INC.

Certifies that

Chad Gregory

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2026

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Chad Gregory

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3013



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Chad Gregory

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5023

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Mario Vergara

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2027

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Mario Vergara

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3014



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Mario Vergara

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5024

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Northey

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2028

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Northey

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3015



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Northey

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5025

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Sauveur Verminal

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2029

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Sauveur Verminal

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3016



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Sauveur Verminal

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5026

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Jasmy Metayer

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2030

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Jasmy Metayer

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3017



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Jasmy Metayer

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5027

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Luis Bigay

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2031

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Luis Bigay

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3018



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Luis Bigay

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5028

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Grimm

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2032

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Grimm

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3019



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Christopher Grimm

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5029

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Leon Charles

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2033

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Leon Charles

has successfully completed the certificate requirements for

Confined Space Entry Training

{Certification per 29 CFR 1910.146}

and in evidence thereof is awarded this

Certificate of Completion
on November 5th, 2020



Certificate #: 20-3020



Brandon G. Dow CHMM, CSHM
Instructor

99 SOLUTIONS GROUP, INC.

Certifies that

Leon Charles

has successfully completed the certificate requirements for

**8 Hour Department of Transportation
HM181, 126F, 215A & Security**

{Certification per 49 CFR}

and in evidence thereof is awarded this

**Certificate of Completion
on November 6th, 2020**



Certificate #: 20-5030

Certificate Expire: 11-2023



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Andrea Miranda

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2034

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

99 SOLUTIONS GROUP, INC.

Certifies that

Zandra Medina

has successfully completed the certificate requirements for

**8 Hour Hazardous Waste Operations
& Emergency Response Training**

{Annual Re-Certification per 29 CFR 1910.120 (e)(8)}

and in evidence thereof is awarded this

**Certificate of Completion
on November 5th, 2020**



Certificate #: 20-2035

Certificate Expire: 11-2021



**Brandon G. Dow CHMM, CSHM
Instructor**

**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Steadfast Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corporation
(Name of Insured)

(the "Insured"), of 4100 SW 47 Avenue, Davie, FL 33314
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>FLD980709075</u>	<u>World Petroleum Corp.</u>	<u>3650 SW 47th Ave., Davie 33314</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number GPL 0321621-00, issued on July 7, 2020,
(date)

The effective date of said policy is July 7, 2020 and the expiration date of said policy is July 7, 2021,
(date)

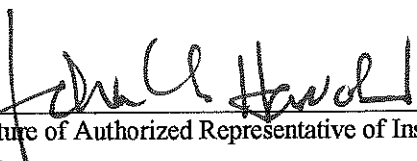
This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____, The effective date of said policy is _____ and the expiration date of said policy is July 7, 2021,
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.


(Signature of Authorized Representative of Insurer)

John Harrold

(Typed name)

Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

Steadfast Insurance Company

(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Zurich American Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corporation
(Name of Insured)

(the "Insured"), of 4100 SW 47 Avenue, Davie, FL 33314
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>FLD980709075</u>	<u>World Petroleum Corp.</u>	<u>3650 SW 47th Ave., Davie 33314</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP 0321620-00, issued on July 7, 2020.
(date)

The effective date of said policy is July 7, 2020 and the expiration date of said policy is July 7, 2021.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is July 7, 2021.
(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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.


(Signature of Authorized Representative of Insurer)

John Harrold

(Typed name)

Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)



WORLPET-01

HARRISJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License #0E67768 Insurance Office of America 500 W. Cypress Creek Road Suite 320 Fort Lauderdale, FL 33309	CONTACT NAME: Christine Milone PHONE (A/C, No, Ext): (954) 334-0377 E-MAIL ADDRESS: Christine.Milone@ioausa.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Steadfast Insurance Company INSURER B: Zurich American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED World Petroleum Corporation P.O. Box 291197 Davie, FL 33329	NAIC # 26387 16535

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		GPL 0321621-00	7/7/2020	7/7/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPI/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY Poll Liab CA9948 <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 0321620-00	7/7/2020	7/7/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ 0			SXS 0321622-00	7/7/2020	7/7/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 0321619-00	7/7/2020	7/7/2021	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Site Pollution			EPC 08632361-00	7/7/2020	7/7/2021	Each Pollution event \$ 1,000,000
A	Site Pollution			EPC 08632361-00	7/7/2020	7/7/2021	Aggregate Policy \$ 3,000,000

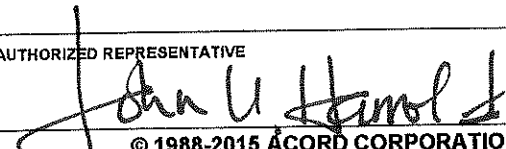
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
30 Days' notice of cancellation, except 10 Days' notice of cancellation for non-payment of premium in accordance with policy provisions.

Excess Liability coverage is excess over Environmental Services Package, Automobile, Employer's, Site Pollution Liability.

State of Florida is named as additional insured with respect to general liability, where required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

The Department of Environmental Protection PO Box 3070 Tallahassee, FL 32315	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Monarch Hill
2700 NW 48th Street
Pompano Beach, FL, 33073
Ph: (954) 984-2000

Reprint
Ticket# 1528293

Customer Name	PMI WORLD PETROLEUM CORP	Carrier	World Petro World Petro
Ticket Date	12/05/2020	Vehicle#	60
Payment Type	Credit Account	Container	Volume
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0006301
State Waste Code		Gen EPA ID	2866CD
Manifest	WP1393	Grid	
Destination			
PO			
Profile	CD2866 (SOIL PETROLEUM)		
Generator	114-WORLDPETCORP WORLD PETROLEUM CORP		

	Time	Scale	Operator	Inbound	Gross	
In	12/05/2020 07:32:45	Scale 2-307	ctorti		Tare	53160 lb
Out	12/05/2020 08:01:26	Scale 2-307	ctorti		Net	32240 lb
					Tons	20920 lb
						10.46

Comments

THANK YOU!

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 ContSoilPet-Tons-C	100	10.46	Tons				BROWARD
2 RCR-P-Regulatory C	100		%				BROWARD
3 FUEL-Fuel Surchar	100		%				BROWARD
4 EVF-P-Standard Env	100		%				BROWARD
5 WWM-P-Waste Water	100		%				BROWARD

Total Fees
Total Ticket

Driver's Signature

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD980709075	2. Page 1 of	3. Emergency Response Phone 754-361-2233	4. Waste Tracking Number WP1253			
5. Generator's Name and Mailing Address World Petroleum Corp PO Box 231197 Dade FL 33329 954-327-0724			Generator's Site Address (if different than mailing address)					
6. Transporter 1 Company Name World Petroleum Corp			U.S. EPA ID Number FLD980709075					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address Waste Management Center LLC 2700 NW 45th Street Pompano Beach, FL 33061			U.S. EPA ID Number					
Facility's Phone:								
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
			No.	Type				
	1. Non-Hazardous Petroleum Refining POLYOLEFIN ABSORPTION ENHANCER PETROLEUM							
	2.							
	3.							
4.								
13. Special Handling Instructions and Additional Information Truck 60 53160 e								
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.								
Generator's/Offor's Printed/Typed Name Zeta Media			Signature <i>[Signature]</i>		Month 12	Day 05	Year 20	
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	16. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month 12	Day 05	Year 20
	Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
DESIGNATED FACILITY	17. Discrepancy							
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	17b. Alternate Facility (or Generator)			U.S. EPA ID Number				
	Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)					Month	Day	Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month 12	Day 05	Year 20	