

**Florida Department of  
Environmental Protection**

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Ryan E. Matthews  
Interim Secretary

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**Receipt for Submission**

Thank you for applying for a Waste Tire Collector Registration for the facility J E MERRIFIELD, INC. with WACS ID 6475.

Submission of your information does not imply acceptance by FDEP. Should additional information be required, you will be contacted. Your registration decals will be mailed to you within 7 to 14 days after your submission has been deemed complete and accepted.

You have paid \$105. This represents payment for the following 3 vehicle(s):

<b>Tag: 142RFK, Make: INTL, Model: TK, Year: 2001</b>	<b>\$35</b>
<b>Tag: B2416V, Make: INTL, Model: TK, Year: 2003</b>	<b>\$35</b>
<b>Tag: F7474V, Make: INTL, Model: TT, Year: 2000</b>	<b>\$35</b>
<hr/>	
<b>Total Paid</b>	<b>\$105</b>

If you have any questions regarding your application, please call Lauren O'Connor in the Solid Waste Program Office at (850) 245-8756, email [lauren.oconnor@dep.state.fl.us](mailto:lauren.oconnor@dep.state.fl.us).



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(18), F.A.C.
Form Title Waste Tire Collector Registration Application
Effective Date: January 6, 2010
DEP Application No. _____ (Completed by DEP)

## WASTE TIRE COLLECTOR REGISTRATION APPLICATION

Pursuant to Rule 62-711.520, Florida Administrative Code, to obtain a waste tire collector registration number and approval to transport waste tires, a collector shall submit the following information on this form to the Department.

Type of Collector:  For Hire Collector     Not For Hire     Registered with ICC     Government Entity

### Part I- Business Information:

- Business name of collector: J E MERRIFIELD, INC.    WACS ID Number: 6475  
*(assigned by Department)*
- Other business names of collector (DBA's): TIRE DISPOSAL SERVICES
- Mailing address of collector: P.O. BOX 550  
City COTTONDALE    State FL    Zip 32431
- Street address of collector: 3053 BARNES LANE  
City Cottdale    County Jackson    State FL    Zip 32431
- Telephone number of collector: (850) 352-1044    Email address: tdsmro@msn.com
- Federal Employer Identification number (FEID) of Collector: 59-3561609
- Have any enforcement actions been taken by the Department or other governmental agency against the applicant for violation of Department rules relating to the collection or disposal of waste tires? This includes any Complaint, Notice of Violation, revocation or suspension of a registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.  
 Yes     No    If yes, attach a history and description of the enforcement actions.

### Part II- Person in charge of Waste Tire Collection Operations:

- Name of Person in charge of Waste Tire Collection Operations: \_\_\_\_\_
- Date of Birth of Person in charge of Waste Tire Collection Operations: \_\_\_\_\_

### Corporations also complete Part III.

- Corporation Name: J E MERRIFIELD, INC.
- Corporation Filing Date: 02/24/1999    State of Incorporation: FL
- Corporation Officers: \_\_\_\_\_
- Florida Resident Agent of Corporation: \_\_\_\_\_

**Part IV- Collection and Disposal Information:**

1. List all known locations where you will be **collecting** waste tires (attach additional sheets if necessary)

Name	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List all known locations where you will be **delivering** or **depositing** waste tires for recycling or disposal (attach additional sheets if necessary):

Name	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Part V.- Vehicles to be Registered:**

1. Number of vehicles to be used: 3

2. Vehicles registration information:

- a. A **legible copy** of the current vehicle registration is required for **each** vehicle registered. The registration must show **State** of registration, **year**, **make**, **tag number**, **vehicle identification number**, and **registered owner**.
- b. **IF** the vehicle is not owned by the collector, an **authorization** from the vehicle owner for the vehicle to be registered for waste tire collection **must** be **attached to this application** maintained at the business location for three years.
- c. **IF Common Carrier, list Interstate Commerce Commission (ICC)** authority number for the company: \_\_\_\_\_

**Part VI. Registration Fee Information**

1. Waste tire collector registration status:  New  Renewal

If registration is a renewal, list previous registration number(s) \_\_\_\_\_

2. Attach payment for registration fees pursuant to Rule 62-711.520(11), F.A.C.

Number of vehicles # 3 x \$35 = \$ 105 = Amount of Payment

**Part VII. Certification**

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required.

JAMES MERRIFIELD  
Print Name of Authorized Agent

*James Merrifield*  
Signature of Authorized Agent

03/04/2017  
Date

This registration was completed and payment was received and processed via online transaction.

**Mail completed form to:**

Florida Department of Environmental Protection  
Bureau of Solid & Hazardous Waste / Tires  
2600 Blair Stone Road, MS 4550  
Tallahassee, Florida 32399-2400



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(22), F.A.C.  
Form Title: Waste Tire Collector Annual Report  
Effective Date: January 6, 2010  
DEP Application No. \_\_\_\_\_  
(Completed by DEP)

## WASTE TIRE COLLECTOR ANNUAL REPORT (For Calendar Year Ending 2016)

Pursuant to Rule 62-711.520, Florida Administrative Code, waste tire collectors are required to submit the following information to the Department by March 1 of each year. The annual report must be submitted along with the annual registration renewal application and registration fee as a condition of holding a waste tire collector registration number.

1. Business name: J E MERRIFIELD, INC. WACS ID Number: 6475  
*(assigned by Department)*

2. Business mailing address: P.O. BOX 550  
City: COTTONDALE State: FL Zip: 32431

3. Business street address: 3053 BARNES LANE  
City: Cottondale State: FL Zip: 32431

4. Business telephone: (850) 352-1044 Email address: tdsmro@msn.com

5. Total quantity of waste tires, expressed in tons, **collected or generated** during the calendar year (assume 100 tires per ton or 10 tires per cubic yard): 590 tons tires

6. Describe how the waste tires collected were disposed of during the calendar year, reported in tons. (assume 100 passenger tires per ton, 20 truck tires per ton.)

A. List total quantity of waste tires sold as used tires. **A.** 0 tons tires

B. List quantity of waste tire casings sold. **B.** 0 tons tires

C. List quantity of waste tires hauled off by other Waste Tire Collectors. Attach additional sheets, if necessary.

Name of Other Collector	Collector Registration Number	Quantity in tons
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C.** 0 tons tires

D. List the facilities where waste tires were deposited for disposal or recycling and the quantity disposed at each location. **Attach additional sheets, if necessary.**

Name of Facility	Address / City / State	Quantity in tons
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D.** 590 tons tires

**TOTAL Tires sold or deposited for disposal or recycling** **A + B + C + D** 590 tons tires

7. Explain any differences between Waste Tires Collected (item 5) and Waste Tires Deposited (item 6):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Waste tire collector registration number(s): \_\_\_\_\_

9. Authorized person preparing report: James Merrifield \_\_\_\_\_

10. Telephone number of person preparing report: (850) 352-1044 \_\_\_\_\_

11. Certification:

To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and correct.

JAMES MERRIFIELD	<i>James Merrifield</i>	03/04/2017
_____ Print Name of Authorized Agent	_____ Signature of Authorized Agent	_____ Date

This registration was completed and payment was received and processed via online transaction.

**Mail completed form to:**

Florida Department of Environmental Protection  
Bureau of Solid & Hazardous Waste / Tires  
2600 Blair Stone Road, MS 4550  
Tallahassee, Florida 32399-2400

CO/AGY 25 / 1

T# 943789056  
B# 632667

# FLORIDA VEHICLE REGISTRATION

PLATE **142RFK**      DECAL **19118425**      Expires **Midnight Sun 12/31/2017**

YR/MK	<b>2001/NTL</b>	BODY	<b>TK</b>	COLOR	<b>WHI</b>	Reg. Tax	<b>270.10</b>	Class Code	<b>41</b>
VIN	<b>1HTSCAAM31H352647</b>			TITLE	<b>81367911</b>	Init. Reg.		Tax Months	<b>12</b>
Plate Type	<b>RGR</b>	NET WT	<b>13500</b>	GVW	<b>25999</b>	County Fee	<b>3.00</b>	Back Tax Mos	
DI/FFID	<b>-</b>					Mail Fee		Credit Class	
Date Issued	<b>1/10/2017</b>	Plate Issued	<b>12/30/2014</b>			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	<b>273.10</b>		

J.E. MERRIFIELD, INC.  
PO BOX 550  
COTTONDALE, FL 32431-0550

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGR - FLORIDA REGULAR



# STATE OF FLORIDA APPORTIONED CAB CARD

THIS REGISTRATION CAB CARD MUST BE CARRIED IN THE VEHICLE DESCRIBED HEREIN

REG YEAR: 2017 ACCT: 0032046 FLEET: 1 SUPP: 000 EXPIRES: 10/31/2017

**REGISTRANT:**

J.E. MERRIFIELD INC  
3053 BARNES LN  
COTTONDALE FL 32431-0000

EFFECTIVE DATE: 11/01/2016  
ISSUE DATE: 11/01/2016  
ENFORCEMENT CONTROL: 0268102453  
CARRIER TYPE: PRIVATE CARRIER

PLATE B2416V	TYPE TK	UNIT NUMBER 11	UNLADEN WGT 015500	GROSS WGT 036000	AXLES 2	SEATS 00
MODEL YEAR 03	MAKE INTL	FUEL D	TITLE NUMBER 96140146		VIN 1HTMMAALX3H585277	

OWNER/LESSOR	J E MERRIFIELD INC
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The vehicle described above has been proportionally registered between the STATE OF FLORIDA and the jurisdictions shown below:

Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight
AB	016329	AL	036000	AR	036000	AZ	036000	BC	016329	CA	036000	CO	036000
CT	036000	DC	036000	DE	036000	GA	036000	IA	036000	ID	036000	IL	036000
IN	036000	KS	036000	KY	036000	LA	036000	MA	036000	MB	016329	MD	036000
ME	036000	MI	036000	MN	036000	MO	036000	MS	036000	MT	036000	NB	016329
NC	036000	ND	036000	NE	036000	NL	016329	NH	036000	NJ	036000	NM	036000
NS	016329	NV	036000	NY	036000	OH	036000	OK	036000	ON	016329	OR	036000
PA	036000	PE	016329	QC	002AXL	RI	036000	SC	036000	SD	036000	SK	016329
TN	036000	TX	036000	UT	036000	VA	036000	VT	036000	WA	036000	WI	036000
WV	036000	WY	036000	**	*****	**	*****	**	*****	**	*****	**	*****

**COPIES OF THIS CAB CARD ARE NOT VALID. VOID IF ALTERED OR DUPLICATED.**

This cab card lists those jurisdictions in which the vehicle described is proportionally registered together with the registered gross weight.

If jurisdictions are listed after the last row of asterisks, the cab card is invalid.

**An enforcement control number has been imprinted above on this cab card as a security feature. If you have any questions or concerns about the validity of any information on this form, you may call the Florida IRP office at (850) 617-3711, Monday through Friday from 8:00am to 4:30pm, EST, or you may visit our website for verification at**

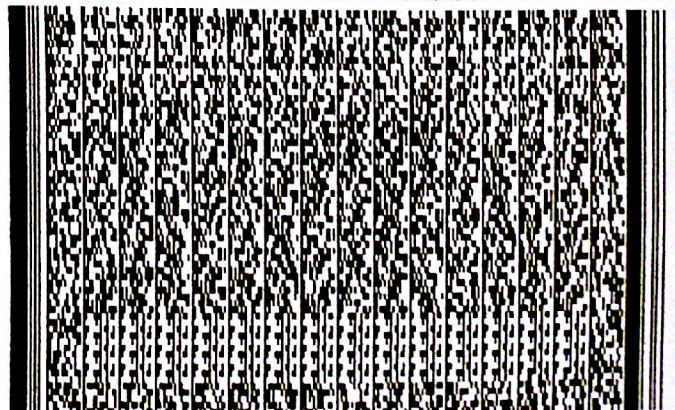
<https://services.flhsmv.gov/IRPInquiry/>

If this vehicle is sold or otherwise deleted from your fleet, this cab card and corresponding license plate must be surrendered to the Florida Division of Motorist Services.

Carrier Responsible for Safety

USDOT#: 812378

J E MERRIFIELD INC  
3053 BARNES LANE  
COTTONDALE, FL 32431-0000





# STATE OF FLORIDA APPORTIONED CAB CARD

THIS REGISTRATION CAB CARD MUST BE CARRIED IN THE VEHICLE DESCRIBED HEREIN

REG YEAR: 2017 ACCT: 0032046 FLEET: 1 SUPP: 000 EXPIRES: 10/31/2017

**REGISTRANT:**

J.E. MERRIFIELD INC  
3053 BARNES LN  
COTTONDALE FL 32431-0000

EFFECTIVE DATE: 11/01/2016  
ISSUE DATE: 11/01/2016  
ENFORCEMENT CONTROL: 0268102452  
CARRIER TYPE: PRIVATE CARRIER

PLATE F7474V	TYPE TR	UNIT NUMBER 13	UNLADEN WGT 017500	GROSS WGT 080000	AXLES 3	SEATS 00
MODEL YEAR 00	MAKE INTL	FUEL D	TITLE NUMBER 95730527		VIN 2HSCBAHR5YC079368	
OWNER/LESSOR	J.E. MERRIFIELD INC.					

The vehicle described above has been proportionally registered between the STATE OF FLORIDA and the jurisdictions shown below:

Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight	Jur	Weight
AB	036288	AL	080000	AR	080000	AZ	080000	BC	036288	CA	080000	CO	080000
CT	080000	DC	080000	DE	080000	GA	080000	IA	080000	ID	080000	IL	080000
IN	080000	KS	080000	KY	080000	LA	080000	MA	080000	MB	036288	MD	080000
ME	080000	MI	080000	MN	080000	MO	080000	MS	080000	MT	080000	NS	036288
NC	080000	ND	080000	NE	080000	NL	036288	NH	080000	NJ	080000	NM	080000
NS	036288	NV	080000	NY	080000	OH	080000	OK	080000	ON	036288	OR	080000
PA	080000	PE	036288	QC	005AXL	RI	080000	SC	080000	SD	080000	SK	036288
TN	080000	TX	080000	UT	080000	VA	080000	VT	080000	WA	080000	WI	080000
WV	080000	WY	080000	**	*****	**	*****	**	*****	**	*****	**	*****

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USDOT#: 812378  
J E MERRIFIELD INC  
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