

Record of Compliance
BUSINESS OWNER/MANAGER FORM

I hereby acknowledge receipt of a copy of the Used Oil Certification 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 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.

J.S.L.
(Signature of Owner/Manager)

Jeffrey ENGLIN
(Print Full Name of Owner/Manager)

5-19-17
(Today's Date: Include Month, Date & Year)

SYNERGY Recycling
(Name of Firm)

3800 Lake Harrison Dr
(Address of Firm)

Winter Haven FL 33891
(City, State and Zip Code)

863-419-0556
(Work Phone, Include Area Code)

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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

Nathan D...
(Signature of Driver)

Nathan D...
(Print Full Name of Driver)

5-19-17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Hamilton Drive
(Address of Firm)

White Haven, IL 62381
(City, State and Zip Code)

815.419.0556
(Work Phone, Include Area Code)

J. S.
(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. (Make copies of this form for additional employees.)

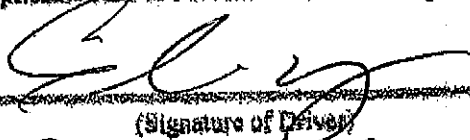
Record of Compliance

DRIVER/EMPLOYEE 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 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)

CARLOS LAEZ
(Print Full Name of Driver)

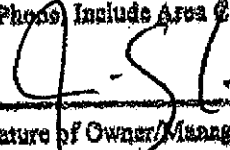
5/19/17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Hamilton Drive
(Address of Firm)

White Haven, IL 62881
(City, State and Zip Code)

815.419.0556
(Work Phone) Include Area Code


(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

Matthew Cline
(Signature of Driver)

Matthew Cline
(Print Full Name of Driver)

5/19/17
(Today's Date; Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Henrietta Drive
(Address of Firm)

White Haven, IL 63881
(City, State and Zip Code)

843.419.0556
(Work Phone, Include Area Code)

(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

JEFF MORGAN

(Signature of Driver)

Jeff Morgan

(Print Full Name of Driver)

May 19, 2017

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

Synergy Recycling

(Name of Employer/Firm)

3800 Yake Hamilton Drive

(Address of Firm)

White Haven, N.J. 03881

(City, State and Zip Code)

863.419.0556

(Work Phone, Include Area Code)

(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

James Clements
(Signature of Driver)

James Clements
(Print Full Name of Driver)

5-19-17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Yare Hamilton Drive
(Address of Firm)

White Haven, N.J. 03881
(City, State and Zip Code)

863.419.0556
(Work Phone: Include Area Code)

J. S. L.
(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

N'Kosi Jones

(Signature of Driver)

N'Kosi Jones

(Print Full Name of Driver)

5/19/17

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

Synergy Recycling

(Name of Employer/Firm)

3800 Yare Hampton Drive

(Address of Firm)

White Haven, HI. 33881

(City, State and Zip Code)

843.419.0556

(Work Phone, Include Area Code)

[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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

RUSSELL TRAVIS
(Signature of Driver)
[Signature]
(Print Full Name of Driver)

5-19-17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Gaze Hamilton Drive
(Address of Firm)

White Haven, FL 33881
(City, State and Zip Code)

863.419.0556
(Work Phone, Include Area Code)

J.S.I.
(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

Wayne R
(Signature of Driver)

Wayne Bergeron
(Print Full Name of Driver)

5-19-17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Yare Hampton Drive
(Address of Firm)

White Haven, IL 62381
(City, State and Zip Code)

815.419.0556
(Work Phone, Include Area Code)

[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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

Durrell J. Jackson
(Signature of Driver)

Durrell Jackson
(Print Full Name of Driver)

5-19-17
(Today's Date; Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Hamilton Drive
(Address of Firm)

Winter Haven, FL 33881
(City, State and Zip Code)

883.419.0556
(Work Phone, Include Area Code)

J. S. I.
(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

NOEL Sanchez

(Signature of Driver)

Noel Sanchez

(Print Full Name of Driver)

5-19-17

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

Synergy Recycling

(Name of Employer/Firm)

3800 Lake Hamilton Drive

(Address of Firm)

Winter Haven, FL 33881

(City, State and Zip Code)

883.419.0556

(Work Phone, Include Area Code)

[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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

Todd Baird
(Signature of Driver)

TODD BAIRD
(Print Full Name of Driver)

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

Synergy Recycling
(Name of Employer/Firm)

3800 Yare Hamilton Drive
(Address of Firm)

White Haven, NJ 03881
(City, State and Zip Code)

863.419.0556
(Work Phone, Include Area Code)

J. S. C.
(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

C. Salmon

(Signature of Driver)

Clifford Salmon

(Print Full Name of Driver)

5-19-17

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

Synergy Recycling

(Name of Employer/Firm)

3800 Yare Harbort Drive

(Address of Firm)

White Haven, HI. 33881

(City, State and Zip Code)

863.419.0556

(Work Phone, Include Area Code)

J. S.

(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

W. S. Miranda
(Signature of Driver)

Willys Miranda
(Print Full Name of Driver)

5-19-11
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Hamilton Drive
(Address of Firm)

White Haven, FL 33881
(City, State and Zip Code)

813.419.0556
(Work Phone, Include Area Code)

J. S.
(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 that by signing this form I am indicating that I have reviewed and understood 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.

Dorinda J. Brown
(Signature of Driver)

Dorinda J. Brown
(Print Full Name of Driver)

5-19-17
(Today's Date: Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Yare Hensley Drive
(Address of Firm)

White Haven, FL 33881
(City, State and Zip Code)

803.419.0556
(Work Phone, Include Area Code)

[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. (Make copies of this form for additional employees.)


Record of Compliance

DRIVER/EMPLOYEE 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 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)

RICHARD LINANORI

(Print Full Name of Driver)

5/9/17

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

Synergy Recycling

(Name of Employer/Firm)

3800 Lake Hamilton Drive

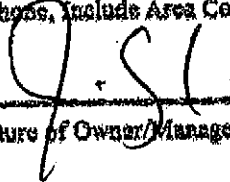
(Address of Firm)

White Haven, IL 62881

(City, State and Zip Code)

815.419.0556

(Work Phone, Include Area Code)



(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. (Make copies of this form for additional employees.)

Record of Compliance

DRIVER/EMPLOYEE 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 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.

D. Miller

(Signature of Driver)

David Miller

(Print Full Name of Driver)

5-19-17

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

Synergic Recycling

(Name of Employer/Firm)

3800 Yare Haven Drive

(Address of Firm)

White Haven, HI. 33881

(City, State and Zip Code)

863.419.0556

(Work Phone, Include Area Code)

J. S. L.

(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. (Make copies of this form for additional employees.)


Record of Compliance

DRIVER/EMPLOYEE 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 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)

Jorge Canales
(Print Full Name of Driver)

5-19-17
(Today's Date; Include Month, Date & Year)

Synergy Recycling
(Name of Employer/Firm)

3800 Lake Hamilton Drive
(Address of Firm)

White Haven, FL 33881
(City, State and Zip Code)

863.419.0556
(Work Phone, Includes Area Code)

(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. (Make copies of this form for additional employees.)