



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

01/26/2010

Tracy DePaola, SE Region Mgr
Aerc Com Inc
4317-J Fortune Pl
W Melbourne, FL 32904-1509

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Aerc Com Inc located at **4317 Fortune Pl Ste J, West Melbourne.**

FLD984262782

Your facility has been registered with the following requested status/activities:

**Treater/Storer, HW Transporter, HW Transfer Facility, Large Quantity Generator
Commercial HW Recycler
, Universal Pharmaceutical Transporter
Large Quantity Handler of and Destination for Universal Batteries, Universal Lamps,
Universal Lamp Transporter, Universal Devices, Universal Device Transporter, Universal
Pharmaceuticals**

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 43329 , Email Address: tdepaola@aercrecycling.com
Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984262782



RECEIVED

JAN 13 2016

BY: BSHW

Florida Department of
Environmental Protection
Bureau of Solid and Hazardous Waste
Used Oil Coordinator

To Whom It May Concern,

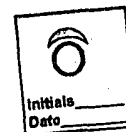
Pursuant to Florida Used Oil Management Rule 62-710, please find attached the application to obtain Used Oil Handler and Used Oil Transporter permits for AERC Recycling Solutions. AERC will be utilizing the Used Oil Transporter Certification & Training Manual provided by BFA Custom Publications (manual number 09-4jW556g2).

Please contact me with any questions.

Thank you,

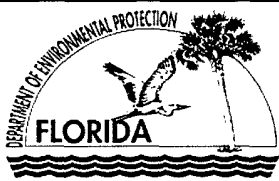
A handwritten signature in black ink, appearing to read 'Tracy DePaola', is written over a faint, larger version of the signature.

Tracy DePaola
Southern Regional District
Branch Manager
tdepaola@aercrecycling.com



**AERC RECYCLING SOLUTIONS 4317 FORTUNE PLACE SUITE J WEST MELBOURNE, FL 32905
TELEPHONE 321-952-1516 FAX: 321-952-1060**

"We are committed to a green world by helping clients in proper end-of-life management of assets containing sensitive data and components hazardous to our environment."



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8772

Date Received
 (for FDEP Official Use Only)

RECEIVED

EPA ID **F L D 9 8 4 2 6 2 7 8 2**

MTS

BY: ESTIW

RCRAInfo

1. Reason for Submittal Mark 'X' in correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name **AERC.com, Inc.**

FEID No. **2 3 3 0 6 4 8 1 6**

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

Name of Operator: **AERC.com, Inc.** **New Operator**
Date became Operator: ___/___/___
 mm dd yy

Street or P.O. Box: **4317-J Fortune Place** **Phone Number:** **321-952-1516**

City or Town: **West Melbourne** **State:** **FL** **Zip Code:** **32904**

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: **4317-J Fortune Place**

City or Town: **WEST MELBOURNE** **State:** **FL** **Zip Code:** **32904**

County: **Brevard** **If available, please attach a map or sketch of the facility boundaries.**

Latitude: **2 8 0 9 4 7 . 39** **Longitude:** **8 0 6 9 7 5 . 74** **Method:** _____
 dd mm ss .ssss dd mm ss .ssss Datum:

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

A. **56211** **B.** _____

C. _____ **D.** _____

6. Facility or Business Mailing Address

Street Address or P.O. Box: **4317-J Fortune Place**

City or Town: **WEST MELBOURNE** **State:** **FL** **Zip Code:** **32904**

7. Facility or Business Contact Person

First Name: **Tracy** **Last Name:** **DePaola** **Title:** **Facility Manager**

Phone Number: **321.952.1516** **Extension:** _____ **E-Mail:** **tdepaola@aercrecycling.com**

Street or P.O. Box: **4317-J Fortune Place**

City or Town: **WEST MELBOURNE** **State:** **FL** **Zip Code:** **32904**

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

Name of Real Property (Land) Owner: **CIA, Inc.** **New Owner**
Date became Owner: ___/___/___
 mm dd yy

Street or P.O. Box: **4310 Woodland Park Drive** **Phone Number:** **321.723.3400**

City or Town: **West Melbourne** **State:** **FL** **Zip Code:** **32904**

Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

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

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

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.

A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (7) Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. a. For own waste only b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company _____ See Attached Certificate of Insurance _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

- d. **Transportation Mode** Air Rail Highway Water Other - specify _____

- e. **Hazardous Waste Transfer Facility:** Storage Volume 15,000 lbs.

 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- Notification of changes in above items**
- Annual update notification**

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

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

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45,000 lbs
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2,000 lbs
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 lbs
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100,000 lbs

(3) **Mercury Recovery and/or Reclamation Facility** [Chapter 62-737, F.A.C.] Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

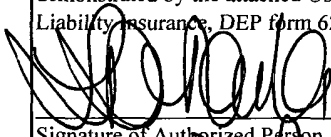
(4) **Reverse Distributor of UW** Pharmaceuticals Lamps Devices

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

C. Used Oil Activities:

- (1) **Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
 - b. Transfer Facility
- (2) **Collection Center**
- (3) **Used Oil Processor** (A permit is required for this activity.)
- (4) **Off-Specification Used Oil Burner**
- (5) **Used Oil Fuel Marketer**
- (6) **Used Oil Filter**
- a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters
 I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


 Signature of Authorized Person
 Tracy DePaulo
 Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.
 A check is enclosed.

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

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

EPA ID No.

FLD984262782

D. Other State Regulated Waste Activities:

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

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

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

1	D001	2	D002	3	D003	4	D006	5	D008	6	D009	7	D011
8	U151	9	U035	10	U026	11	U058	12	U010	13	U059	14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

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

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

B. Facility Closed

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

Contact _____ Phone _____

Address _____

City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

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

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed (mm-dd-yyyy)

Tracy DePaola-Facility Manager

1-11-2010

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

Gerald E. Lanza
(Name of person completing this form)

321.952.1516
(Phone Number)

glanza@qercregulating.com
(E-mail Address)

13. Comments:

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID EC
AERC6-1


DATE (MM/DD/YYYY)
05/28/09

PRODUCER Gerrity, Baker, Williams Inc. 3 Gold Mine Road Flanders NJ 07836 Phone: 973-426-1500 Fax: 973-426-9545		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED AERC.com, Inc t/a AERC Recycling Solutions Advance Electronics Technology Co. LLC, t/a Com Cycle 2591 Mitchell Avenue Allentown PA 18103		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Greenwich Insurance Company	22322
		INSURER B: XL Specialty Ins. Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	G3C001869404	06/01/09	06/01/10	EACH OCCURRENCE \$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
		<input checked="" type="checkbox"/> CG 0001 11/04				PERSONAL & ADV INJURY \$ 1000000
		<input checked="" type="checkbox"/> CG 2026 07/04				GENERAL AGGREGATE \$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2000000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	AE001869204	06/01/09	06/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		<input checked="" type="checkbox"/> MCS-90	(AUTO POLLUTION LIABILITY)			
		<input checked="" type="checkbox"/> CA-9948				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY	UEC001869304	06/01/09	06/01/10	EACH OCCURRENCE \$ 5000000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5000000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input checked="" type="checkbox"/> RETENTION \$ 10000				\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WEC002009403	02/16/09	02/16/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1000000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1000000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1000000
A		Pollution Legal on/offsite of ins.	PEC001869504	06/01/09	06/01/10	Per Claim 5000000 Aggregate 11000000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS RECORD PURPOSES ONLY						

CERTIFICATE HOLDER AERC.FL AERC.com, Inc. 4317-J Fortune Place West Melbourne FL 32904-1509	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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JUN 03 2009

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.