

USED OIL PROCESSING FACILITY PERMIT APPLICATION

Part I

TO BE COMPLETED BY ALL APPLICANTS (Please type or print)

A. General Information

1. New _____ Renewal ☒ Modification _____ Date current permit expires March 26

2. Revision number 0

3. NOTE: Used Oil Processors must also meet all applicable subparts, (describe compliance in process description for applicable standards) if they are:

- _____ Generators (Subpart C of Part 279)
☒ Transporters (Subpart E)
_____ Burners of off-spec used oil (Subpart G)
☒ Marketers (Subpart H)
_____ are disposing of used oil (Subpart I)

4. Date current operation began: 1-1-2006

5. Facility name: Fuels Unlimited Inc dba Oils Unlimited

6. EPA identification number: FLR 000050369

8. Facility mailing address: P.O. Box 259 Sanford, FL 32772
Street or P.O. Box City State Zip Code

9. Contact person: Ronald C. Patterson Telephone: (407) 302-3193
Title: Owner Email: Oilsunlimited@bellsouth.net

Mailing Address: P.O. Box 259 Sanford FL 32772
Street or P.O. Box City State Zip Code

10. Operator's name: Same as above Telephone: () _____
Mailing Address:

Street or P.O. Box City State Zip Code

11. Facility owner's name: Ronald C Patterson Telephone: (407) 302-3193

Mailing Address: P.O. Box 259 Sanford FL 32772
Street or P.O. Box City State Zip Code

12. Legal structure:

- ☒ Corporation (indicate state of incorporation) Florida
_____ Individual (list name and address of each owner in spaces provided below)
_____ Partnership (list name and address of each owner in spaces provided below)
_____ Other, e.g., government (please specify) _____