

FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, FL 32399-2400 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

05/22/2024 Ruben Jaramillo, Pres Allied Electronics Trading Inc 2730 NW 31st Ave Lauderdale Lakes, FL 33311-2034

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number for reports for Allied Electronics Trading Inc located at 2730 NW 31st Ave, Lauderdale Lakes, FL 33311-2034

DEP/EPA Identification Number: FLR000197178

Your facility status is the following: Non-Handler of Hazardous Waste.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<u>https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page</u>.

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit: https://fldeploc.dep.state.fl.us/www RCRA/Reports/handler results.asp?epaid=FLR000197178.

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us

Sincerely,

Jeff Grega

Environmental Manager

Waste Compliance Assistance Program

ME ID: 107512, Email Address: ruben@aetrecycler.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received (for FDEP Official Use Only)

DIVISION OF WASTE MANA '24 MAR 12 AM10 33:53

EPA ID:	F	L	R 0	0	0	1	9	7 1	7	7	8	₽ *		use the instructions latory fields	doc	ument to complete this form
1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)																
Mark 'X' in the correct b	Mark 'X' in the correct box*: To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).															
(must choose		1	X To pro	vide	upda	ted in	forma	tion for	an E	EΡΑ	A ID n	numt	er (to u	pdate status and facility	iden	dification information).
if a notification) To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)									st complete pages 1, 2, 3, 7)							
	To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.															
	Submitting new or revised notification for Part A for permitted facilities.															
FL Registrat	tion(s)	U	W M	ercur	y (se	e page	4)			H	WΤ	ranspor	rter (see page 5)		Used Oil (see page 6)
2. Facility or	Busi	ness N	Name:*													
						Δ	LLIE	ED EL	EC.	TF	RCO	NIC	S TF	RADING		
3. Facility Ph	ysical	Loca	ition Info	rmati	ion: (No P.	O. Box	es)								
Physical Stree	t Add	lress*	:					071		. 13.7	V 04	<u></u>	A) (F			∐Vessel
City or Town:	:								30 1	71	V 31	51	AVE	State: Zi	ip Co	ode:
			LAU	DEF	RDA	LE I	LAKE	ΞS						FL		33311
County*:			BR	OW	ARE)			C	Cou	intry (i	if not	USA)*	:		
4. Facility or	Busir	iess N	lailing Ac	ddres	s:											
Same add	ress a	s # <u>3</u>	above or	k .												
													est 100			
City or Town		AUE	ERDAI	LE L	_AKI	ES			tate		L		Zip/Pos	stal Code*: 33311	Co	untry (if not USA):
5. Facility No	rth A	merio	can Indus	try C	Classi	ficati	on Sys	stem (N	AIC	(S)	Code	e(s)*	: (at le	east 5 digits)	-	
A.	: _	_	_	(r	equire	:d)					В.	1	_			
C.				_							D.					
6. Facility or Business RCRA Contact Person: Same address as # 3 above or:																
First Name*:	First Name*: Title*:						IDENT									
Phone Number*: 954-358-8200 Extension*:				., \	MILLO PRESIDENT Fax*:			ICLIVI								
E-Mail*:					·	٠										
Street or P.O.	Box	(or sa	me addres	ss box	is cl	necker	d)*:									
City or Town									ĪS	tate	e*:			Zip Code*:		Country (if not USA):
, 5. 10 ***	•													2.5 0000		

RCRA Hazardous Waste Status Notification or Out of E	EPA ID No.*							
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)								
Name of Owner*: RUBEN JARAMILLO	Date became Owner*: 04 / 01 / 03 New Owner mm dd yy							
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:	**************************************				
City or Town*: LAUDERDALE LAKES	State*: FL	Zip C	ode*: 33311	Country (if not USA):				
E-Mail*: RUBEN@AETRECYCLER.COM								
Owner Type*: X Private Federal Municipal State County Other								
Comments:			,					
8. Facility Operator (List additional Operators in the comments section	Sama addusas as #	م ما ه						
Name of Operator*:	on). Same address as #_		ve or:					
Name of Operator .		Date	became Operator*: New Operator					
Street or P.O. Box (or same address box is checked)*:		Phone	e Number*:					
City or Town*:	State*:	Zip C	'ode*:	Country (if not USA):				
E-Mail*:	1	1						
Operator Type*: Private Federal Municipal	State County	Other						
Comments:								
9. RCRA Hazardous Waste Activities at this Facil	lity: (Mark 'X' in	all tha	it apply):					
(1) Generator of Hazardous Waste								
Yes X No (This does not include Universal Waste or Used	d Oil)							
If YES, Choose only one of the following three categories.								
a. Large Quantity Generator (LQG):								
- Generates in any calendar month (includes quant		rter site	e) 1,000 kilograms	or greater per month (kg/mo)				
(2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates		n I kø/r	no (2.2 lbs/mo) of :	acute hazardous waste: or				
- Generates in any calendar month, or accumulates	•	-						
material.								
b. Small Quantity Generator (SQG): - Generates in any calendar month greater than 100	0kg/mo but less than 1	.000 kg	/mo (>220 to <2.20	00 lbs.) of non-acute hazardous				
waste and/or 1 kg (2.2 lbs) or less of acute hazar cleanup material.	-		•					
c. Very Small Quantity Generator (VSQG):								
- Generates in any calendar month 100 kg/mo or lo	ess (220 lbs.) of non-ac	cute haz	zardous waste and/o	or 1 kg (2.2 lbs) or less of acute				
hazardous waste. In addition, indicate other generator activities that apply.								
d. Short-Term Generator (one-time, not on-going)								
e. Mixed Waste (hazardous and radioactive) Generator								
f. United States Importer of hazardous waste								
g. LQG notifying of VSQG Hazardous Waste Under Con		-	ant to 40 CFR 262	.17(f). (Addendum A Required)				
h. Episodic: Not lasting more than 60 days: SQGLLC								
i. Electronic Manifest Broker, as defined in 40 CFR 260	-		-	em to obtain, complete, and				
transmit an electronic manifest under a contractual re	iationship with a hazar	dous w	aste generator.					

RCR	A Hazardous	Waste Status N	otification or O	ut of Business N	otification	EPA ID N	0.*	
9. F	CRA Hazar	dous Waste A	ctivities at th	is Facility conti	nued: (Mark 'X	' in all that apply):		
9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply): For Items 3 through 9, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) 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 Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial Specify: Stores prior to recycling Does not store prior to recycling. Note: A permit maybe 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 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) Person Authorized to Manage Very Small Quantity 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. (7) Underground Injection Control (8) Recognized Trader— Mark all that apply								
(°	a. Importer b. Exporter (9) Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G— Mark all that apply a. Importer b. Exporter b. Exporter							
10.			-			codes of the Federal ha	nzardous wastes handled at	
На			•	_			more spaces are needed.	
1		2	3	4	5	6	7	
8		9	10	11	12	13	14	
15		16	17	18	19	20	21	
11	Other Statu	s Changes (M	no longer handli	na waste ar alasad i	tems 0 and 10 should	d be left blank and item	e 12 16 skinned):	
(A	Central Accu Central A Facility C Closure Date	imulation Area (ccumulation Area closed (Complete es:	CAA) or Facility (CAA) this section only	Closed: if all business activi	ies at this facility hav	/e ceased.)	5 12-10 shipped).	
					(date in mm			
				(da				
	a.	In compliance wi	th the closure per	formance standards	in 40 CFR 262.17(a)((8)		
	□ b.	Not in compliand	ce with the closur	e performance stand	ards in 40 CFR 262.1	7(a)(8)		
(C) Property Ta	ax Default 🔲		(D) Petition for Bank	ruptcy Protection 🔲		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):							
A. Federal Notification							
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of a of UW accumulated (at any one time)	iny combination						
Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals							
d. Mercury Containing Devices e. Mercury Containing Lamps							
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.							
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification							
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW one time)) accumulated (at any						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busi Regulation [DBPR])	ness and Professional						
Florida Universal Pharmaceutical Waste (UPW) Transporter	:						
C. Florida Annual Mercury Handler Registration:							
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3.,F.A.C. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.							
(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Ha Activities Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH re							
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual						
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration Required						
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	1,000						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Mars Bautismants						
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Ist Annual Registration Annual Renewal Annual Renewal							
Briefly Describe your Universal Waste Activities: We use Drum	Γορ Bulb Crusher(s).						
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.							

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*									
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)										
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.										
Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.										
A. HW Transporter Registration Information (must be completed annually	ly and when this information changes)									
This form is: Initial Registration Renewal Notification of changes Cancel Registration										
1. For own waste only										
2. For commercial purposes	2. For commercial purposes									
3. Both commercial and own waste										
4. Transportation Mode Air Rail Highway Water Otl	ther - specify									
B. HW Transfer Facility Registration Information (must be completed as	annually and when this information changes)									
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in It	Item 3) Storage Volume									
This form is: Initial Registration Renewal Notification of c	changes Cancel Registration									
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	ule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C									
The Transfer Facility records required under the provisions of Rule 62-730.17	71(6) , F.A.C., are kept at (check one):									
Our mailing (business) address										
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Ti	Fransfer Facility:									
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.)]:	s Waste Transfer Facility [Rule 62-730.171(3),									
C. The following items are required to be submitted with the initial notification for a tran submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative	unsfer facility and any changed items must be ive Code (F.A.C.)]:									
Certification by a responsible corporate officer of the transporter facility that the prop Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	oposed location satisfies the criteria of									
_Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3	3., F.A.C.]									
_A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4	14., 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.]										
15. Eligible Academic Entities with Laboratories—Notification for opti	ting into or withdrawing from managing									
laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K										
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the mai	anagement of hazardous wastes in laboratories									
See the item-by-item instructions for definitions of types of eligible acade	emic entities. Mark all that apply:									
a. College or University										
b. Teaching Hospital that is owned by or has a formal written affiliation ag c. Non-profit Institute that is owned by or has a formal written affiliation ag	-									
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardou										

Used Oil and Hazardous Secondary Material	EPA ID No.*						
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that ap	ply)						
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.							
This form is: Initial Registration Renewal Notification of c	hanges Cancel Registration						
If applicable, a check or money order, in the amount of \$100, payable to Florida De UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environmental Protection is enclosed.						
(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)							
a. Transporter (off-site) and noncontiguous locations							
b. Transfer Facility							
(2) Collection Center (From businesses, no more than 55 gal per shipment)							
(3) Used Oil Processor (A permit is required.)							
(4) Used Oil Re-refiner (A permit is required.)							
(5) Off-Specification Used Oil Burner Utility Boiler Industrial Boiler Industrial Furnace							
(6) Used Oil Fuel Marketer On-Spec Off-Spec (7) Used Oil Filter Management (must annually register)							
(7) Used Oil Filter Management (must annually register) a. Transporter							
b. Transfer Facility							
c. Processor (Annual Report Required) d. End User (see instructions for definition)							
(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check	one):						
Our mailing (business) address (as listed in Item 4)							
The site (facility) address (as listed in Item 3)							
 (9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) ALL registered UO transporters must submit an annual report except generator within their own company. 	s transporting UO from noncontiguous operations						
 UO transporters transporting off-site over public highways only within their over 							
 UO transporters transporting more than 500 gallons/year must submit proof of submission as a certified used oil transporter in section 19 (except those exemp 	,						
The used oil annual report is attached Evidence of Liability Insurance pursu	The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.						
17. Notification of Hazardous Secondary Material (HSM) Activity							
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or wunder 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)							
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling proce comparable to or unable to be compared to a legitimate product or intermediate by (Addendum C Required)							

Required signature page	EPA ID No.*
18. Comments (attach a page if more space is needed):	
19. Certification: I certify under penalty of law that this document ar	nd all attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel submitted is, to the best of my knowledge and belief, true, accurate, a false information, including the possibility of fine and imprisonment	properly gather and evaluate the information submitted. The information and complete. I am aware that there are significant penalties for submitting for known violations.
tation and have an annual and new employee training program in place bility is demonstrated by the Used Oil Transporter Certificate of Liab	pplicable Florida and Federal laws and rules governing used oil transporte covering the applicable used oil rules. Evidence of financial responsibility Insurance, DEP form 62-730.900(5)(a), F.A.C
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
Kfull	02-01-2024
Print/Name (Ffrst, Middle Initial, Last): RUBEN JARAMILLO	Title:
ROBEN JARAWILLO	PRESIDENT
Organization:	Used Oil
Email:	
RUBEN@AETRI Signature of owner, operator, or an authorized representative:	=CYCLER.COM Date Signed (mm-dd-yyyy):
organistic of owner, operator, or an authorized representative.	Date Signed (min dd yyyy).
Print Name (First, Middle Initial, Last):	Title:
Organization:	Used Oil
Email:	
If the person that filled in this form is not the Facility Contact or Ope	erator, please complete the information below:
(Name of person completing this form) (Phone Number	(E-mail Address)

Addendum A: LQG	Consolidation of VSQG Haza	EPA ID No.*					
Only fill out this form if: You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.							
VSQG I	New	Update	Delete				
A. EPA ID Number (i	f assigned)	B. Facility Name					
C. Facility Street Address	SS						
D. City		E. State	F. Zip Code				
G. Contact Phone Numb	er	H. Contact Name					
1. Contact Email			100 - 100 -				
VSQG 2	New	Update	Delete				
A. EPA ID Number (i	f assigned)	B. Facility Name					
C. Facility Street Addres	ss						
D. City		E. State	F. Zip Code				
G. Contact Phone Numb	per	H. Contact Name					
I. Contact Email							
VSQG 3	New	Update	Delete				
A. EPA ID Number (i	f assigned)	B. Facility Name					
C. Facility Street Addre	ss						
D. City		E. State	F. Zip Code				
G. Contact Phone Numb	ber	H. Contact Name	<u> </u>				
I. Contact Email							

Addendum B:	Episodic Generator			EPA ID No.*				
 Only fill out this form if: You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed. 								
Episodic Event								
A. Plannec	Planned B. Unplanned							
Excess	chemical inventory removal		Accidental spills					
Tank Cl	eanouts		Production p	rocess upsets				
Short-te	rm construction or demolition		Product reca	lls				
Equipm	ent maintenance during plant sh	utdowns	"Acts of nate	ure" (Tornado, Hurricane, F	lood, etc.)			
Other_			Other					
C. Emergency			D. Emergency Conta					
E. Beginning D	Pate(mm.	/dd/yyyy)	F. End Date (mm/dd/yyyy)					
Waste 1								
G. Waste Descrip	tion			H. Estimated Quantity (in pounds)				
I. Federal Hazard	ous Waste Codes							
Waste 2								
G. Waste Descrip	tion			H. Estimated Quantity (in pounds)				
I. Federal Hazard	ous Waste Codes							
Waste 3								
G. Waste Descri	otion			H. Estimated Quantity	(in pounds)			
I. Federal Hazard	dous Waste Codes	-		1				

Addendum C: Notific	cation of Hazardous Secondary Mat	EPA ID No.*							
Only fill out this form if:									
• You are or will be managing excluded hazardous secondary material (HSM) in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) or have stopped managing excluded HSM in compliance with the exclusion(s) for at least one year. <u>Do not include any information regarding your hazardous waste activities in this section</u> . Note: if your facility was granted a solid waste variance under 40 CFR 260.3 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulation and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.									
	ompleted 8700-12FL, including this Add								
	every March 1 of each even-numbered year to the department pursuant to 40 CFR 260.42. If you stop managing hazardous secondary								
material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must again submit a completed 8700-12FL, including this Addendum, within thirty (30)									
days pursuant to 40 (
1. Indicate reason for notification. Include dates where requested.									
Notifying tha	t the facility will manage hazardous secon	ndary material as of (mm/dd	l/yyyy)						
Re-notifying	that the facility is still managing hazardou	us secondary material.							
Notifying tha	t the facility has stopped managing hazard	dous secondary material as o	of (mm/dd/vyyy)						
	2			`					
2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in short tons to describe your hazardous secondary material activity ONLY (do not include any information regarding your other hazardous wastes in this section). Use additional pages if more space is needed.									
a. Facility Code (answer using codes listed in the Code List section of the instructions)	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)								
									
			•						
	ial assurance pursuant to 40 CFR 261 S g hazardous secondary material under 40	-		rs and intermediate					
	oes this facility have financial assurance								
4. Notifying under 40	O CFR 260.43(a)(4)(iii) that the product Does the product of your recycling pr								
Comments:		and a second							