



PITTSBURGH[®] AUTOMOTIVE







FLORIDA DEPARTMENT OF
Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

HAZARDOUS WASTE TRANSPORTER
CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Chem Klean Corp
FACILITY ID NO: FLR000231258
FACILITY ADDRESS: 9330 NW 100th St
Medley, FL 33178-1419
EXPIRATION DATE: June 30, 2025

APPROVED TRANSFER FACILITY: YES

Susan Horlick

APPROVAL ISSUED BY:

Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section
850/245-8778

DATE: March 13, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER Gorin Insurance Inc 2711 SW 137th Ave Suite 95 Miami FL 33175		CONTACT NAME: GREGORIO GONZALEZ PHONE (A/C No, Ext): (305) 559-9348 E-MAIL ADDRESS: ggonzalez@gorininsurance.com FAX (A/C No): (305) 225-5190	
INSURED Chem Klean Corporation P.O. Box 821263 Pembroke Pines FL 33082-1263		INSURER(S) AFFORDING COVERAGE INSURER A: WESTCHESTER SURPLUS LINES INS. CO. NAIC # 10172 INSURER B: PROGRESSIVE EXPRESS 24260 INSURER C: BERKSHIRE HATHAWAY CO 10391 INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractor's Pollution Liability <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			G71474100-006	12/20/2023	12/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 CPL TPL Occ & Agg \$ 1,000,000							
	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					01896370	09/13/2024	09/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
		A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$								G714741136-006	12/20/2023	12/20/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
			C							WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A				
B	PHYSICAL DAMAGE			01896370	09/13/2024	09/13/2025	COMP DEDUCTIBLE 1,000.00 COLL DEDUCTIBLE 1,000.00							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ENVIRONMENTAL COMPANY

CERTIFICATE HOLDER**CANCELLATION**

INSURED

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NOTICE

**SAFETY GLASSES
AND SAFETY SHOES
REQUIRED
BEYOND THIS POINT**



**NO
SMOKING**

SAFETY SIGNS 1-800-270-8810

NOTICE

**SAFETY GLASSES
AND SAFETY SHOES
REQUIRED
BEYOND THIS POINT**



**NO
SMOKING**

NO  PARKING



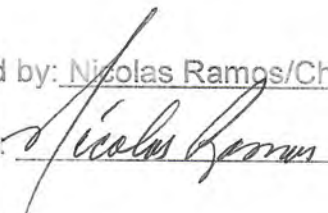
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178


Date of Training: June 30, 2023

Training Topics: Hazmat Transportation

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Hazmat Transportation Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Hazmat Transportation Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023



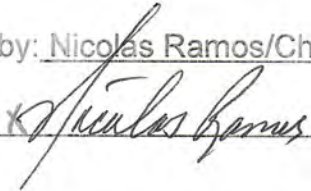
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178


Date of Training: June 30, 2023

Training Topics: Mobile Phone Restrictions

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Nicolas Ramos/Christian Ramos

ON THIS DAY:

06/30/23

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023



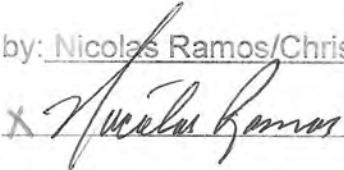
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

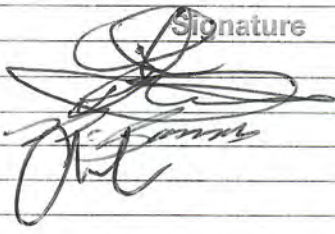
Date of Training: June 30, 2023

Training Topics: OSHA – Right To Know

Presented by: Nicolas Ramos/Christian Ramos

Signature: X 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

06/30/23

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023



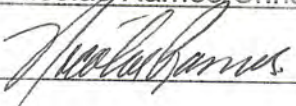
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

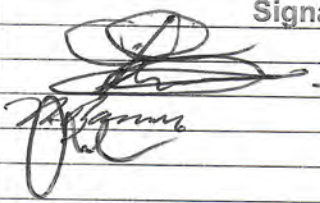
Date of Training: June 30, 2023

Training Topics: Placarding

Presented by: Nicolas Ramos/Christian Ramos

Signature: X 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Placarding Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023



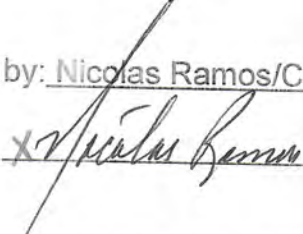
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178


Date of Training: June 30, 2023

Training Topics: Drum Safety

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

06/30/23

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023



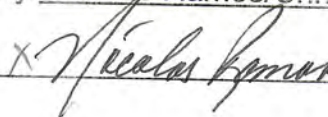
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

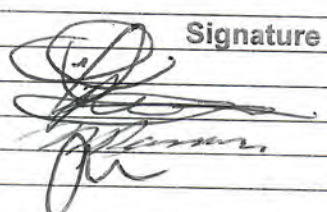
Date of Training: June 30, 2023

Training Topics: Pre and Post Trip

Presented by: Nicolas Ramos/Christian Ramos

Signature: X 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Oscar Paredes

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023




CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

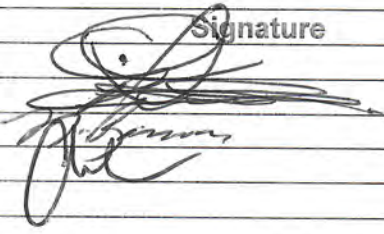
Date of Training: June 29, 2023

Training Topics: Personal Protective Equipment

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

06/30/23

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023



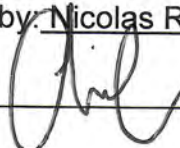
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

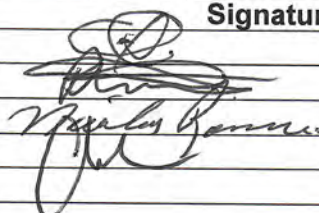
Date of Training: 7/14/23

Training Topics: **Spill Action Plan**

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

7/14/23

CERTIFICATE OF COMPLETION

Oscar Paredes

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

7/14/23

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

7/14/23



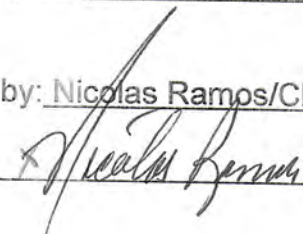
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

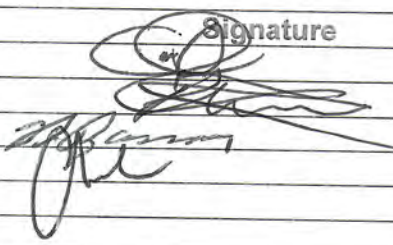
Date of Training: June 30, 2023

Training Topics: Universal Waste

Presented by: Nicolas Ramos/Christian Ramos

Signature: 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

06/30/23

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023



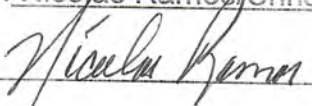
CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

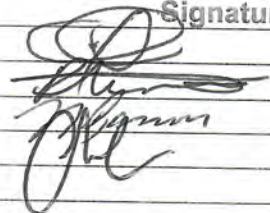
Date of Training: June 30, 2023

Training Topics: Safety Training - Hand Truck

Presented by: Nicolas Ramos/Christian Ramos

Signature: X 

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	
Christian Ramos	Manager	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number		
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)					
Generator's Phone:							
6. Transporter 1 Company Name		U.S. EPA ID Number					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address		U.S. EPA ID Number					
Facility's Phone:							
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-FLAMMABLE SOLID INSULATED MATERIAL (WASTE)		01	CF	150	P	
	2.						
	3.						
TRANSPORTER	4.						
	13. Special Handling Instructions and Additional Information						
	14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
	Generator's/Officer's Printed/Typed Name		Signature		Month	Day	Year
INT'L	15. International Shipments		<input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		
	Transporter Signature (for exports only):		Date leaving U.S.:				
	16. Transporter Acknowledgment of Receipt of Materials						
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name		Signature		Month	Day	Year
	Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
	17. Discrepancy						
17a. Discrepancy Indication Space		<input type="checkbox"/> Quantity	<input type="checkbox"/> Type	<input type="checkbox"/> Residue	<input type="checkbox"/> Partial Rejection	<input type="checkbox"/> Full Rejection	
17b. Alternate Facility (or Generator)		Manifest Reference Number:			U.S. EPA ID Number		
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)				Month	Day	Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name		Signature		Month	Day	Year	

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number 110P5Q12	2. Page 1 of 1	3. Emergency Response Phone 305 401 3905	4. Waste Tracking Number U3729		
	5. Generator's Name and Mailing Address SUNSHINE AVONICS 974 PREMIER PARKWAY MIAMI, FL 33025			Generator's Site Address (if different than mailing address)				
	Generator's Phone: 305 411 1364							
	6. Transporter 1 Company Name CHEM CLEAN CORPORATION			U.S. EPA ID Number H0000211258				
	7. Transporter 2 Company Name			U.S. EPA ID Number				
	8. Designated Facility Name and Site Address BSCRAP 220 EAST 11TH AVENUE MIAMI, FL 33132			U.S. EPA ID Number				
	Facility's Phone: 305-436-1911							
	9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
				No.	Type			
	1. NON-DOIT/NOH RCRA REGULATED MATERIAL (WASTE)			01	DM	530 G		
2.								
3.								
4.								
13. Special Handling Instructions and Additional Information 1 x 30								
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.								
Generator's/Officer's Printed/Typed Name X [Signature]			Signature X [Signature]		Month 7	Day 5	Year 88	
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:				
	Transporter Signature (for exports only):							
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name J. J. HREDBS			Signature [Signature]		Month 7	Day 5	Year 88
	Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
DESIGNATED FACILITY	17. Discrepancy							
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	17b. Alternate Facility (or Generator)			U.S. EPA ID Number				
	Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)			Signature		Month	Day	Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name Geraldine Chislevan			Signature [Signature]		Month 7	Day 13	Year 88	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)			
MEGGITT SERVICES AND SUPPORT 11700 187 TH ROAD, #6 MEDLEY, IL 30179 301-47-1234					
Generator's Phone:					
6. Transporter 1 Company Name		U.S. EPA ID Number			
CHEM KLEAN CORPORATION		ILR000211258			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address		U.S. EPA ID Number			
ESCRAP 220 EAST 11 TH AVENUE CHICAGO, IL 3013 301-436-1911					
Facility's Phone:					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-DO/NOH RCRA REGULATED MATERIAL (WASTE)		01	DA	15.0	P
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information					
E waste 1x55					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Generator's/Officer's Printed/Typed Name		Signature		Month	Day Year
X		X		8	1 2008
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
Transporter Signature (for exports only):					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
K. J. B. B. B.		X		8	1 2008
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number:					
17b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)		Month Day Year			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item-17a					
Printed/Typed Name		Signature		Month	Day Year

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000192922		2. Page 1 of 1		3. Emergency Response Phone 305-807-3895		4. Waste Tracking Number 65101-B	
		5. Generator's Name and Mailing Address FLORIDA POWER & LIGHT COMPANY 9760 SW 34TH STREET PMB/PLT HOMESTEAD, FL 33035 55 246-6193						Generator's Site Address (if different than mailing address)	
6. Transporter 1 Company Name CHEM CLEAN CORPORATION								U.S. EPA ID Number FLR000231258	
7. Transporter 2 Company Name								U.S. EPA ID Number	
8. Designated Facility Name and Site Address ESCRAP 220 EAST 11TH AVENUE HALEAH, FL 33013 305-436-1911								U.S. EPA ID Number	
Facility's Phone:									
GENERATOR	9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
				No.	Type				
	1. NON-DOCTRION RCRA REGULATED MATERIAL (U SHAPE BULBS)			01	BX	10	P		
	2. NON-DOCTRION RCRA REGULATED MATERIAL (FT BULBS)			07	BX	105	P		
	3.								
4.									
13. Special Handling Instructions and Additional Information 1. 1 X BOX (13 UNITS) 2. 7 X BOX (173 UNITS)									
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.									
TRANSPORTER	Generator's/Officer's Printed/Typed Name K. Eguino			Signature 			Month Day Year 2 8 23		
	15. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:					
	16. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name O. TAREDES			Signature 			Month Day Year 2 8 23		
	Transporter 2 Printed/Typed Name			Signature			Month Day Year		
DESIGNATED FACILITY	17. Discrepancy								
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
	17b. Alternate Facility (or Generator)			U.S. EPA ID Number					
	Facility's Phone:								
17c. Signature of Alternate Facility (or Generator)			Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name George Laracuara			Signature 			Month Day Year 2 13 23			

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>11015611</i>		2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>2084073805</i>		4. Waste Tracking Number <i>15301</i>		
	5. Generator's Name and Mailing Address <i>MEGGITT SERVICES & SUPPORT 11700 NW 102ND ROAD MEDLEY, FL 3172 36 37-1233</i>					Generator's Site Address (if different than mailing address)				
	Generator's Phone:									
	6. Transporter 1 Company Name <i>CHEM KLEAN CORPORATION</i>					U.S. EPA ID Number <i>FLR000231258</i>				
	7. Transporter 2 Company Name					U.S. EPA ID Number				
	8. Designated Facility Name and Site Address <i>BSCRAP 230 EAST 11TH AVENUE HALEAH, FL 3013 36-634-1911</i>					U.S. EPA ID Number				
	Facility's Phone:									
	9. Waste Shipping Name and Description					10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
						No.	Type			
		1. <i>NON-DOH/MON RCRA REGULATED MATERIAL & WASTE</i>					<i>01</i>	<i>CF</i>	<i>350</i>	<i>P</i>
	2.									
	3.									
	4.									
	13. Special Handling Instructions and Additional Information <i>E waste 1x Pallet</i>									
TRANSPORTER INT'L	14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.									
	Generator's/Officer's Printed/Typed Name <i>Xi Suray Arroyo</i>					Signature <i>[Signature]</i>		Month Day Year <i>3/15/23</i>		
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter Signature (for exports only): _____ Date leaving U.S.: _____									
	16. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name <i>Phelan Parris</i>					Signature <i>[Signature]</i>		Month Day Year <i>3/15/23</i>		
	Transporter 2 Printed/Typed Name					Signature		Month Day Year		
	17. Discrepancy									
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	17b. Alternate Facility (or Generator) U.S. EPA ID Number									
DESIGNATED FACILITY	Facility's Phone:									
	17c. Signature of Alternate Facility (or Generator) Month Day Year									
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
	Printed/Typed Name <i>Tele Roca</i>					Signature <i>[Signature]</i>		Month Day Year <i>03-17-23</i>		

DESIGNATED FACILITY	TRANSPORTER	INT'L
←	→	

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR00227579	2. Page 1 of 1	3. Emergency Response Phone 305-801-3815	4. Waste Tracking Number 68946	
	5. Generator's Name and Mailing Address AIR LANDING CEAR 450 9210 147 100 TH STREET MIDLEY, FL 33176 TEL 22-2931			Generator's Site Address (if different than mailing address)			
	Generator's Phone:						
	6. Transporter 1 Company Name CHEM CLEAN CORPORATION			U.S. EPA ID Number FLR000231258			
	7. Transporter 2 Company Name			U.S. EPA ID Number			
TRANSPORTER	8. Designated Facility Name and Site Address HSC RAP 320 EAST 11 TH AVENUE HALEAH, FL 33013 TEL 436-1911			U.S. EPA ID Number			
	Facility's Phone:						
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-DO/NOH RCRA REGULATED MATERIAL (FLUORESCENT BULBS) (9 FT)		04	BX	50	P	
DESIGNATED FACILITY	2. NON-DO/NOH RCRA REGULATED MATERIAL (MERCURY LAMPS WITH U-TUBE)		03	BX	120	P	
	3. NON-DO/NOH RCRA REGULATED MATERIAL (BATTERIES)		0		0		
	4. NON-DO/NOH RCRA REGULATED MATERIAL (ELECTRONIC WASTE)		0		0		
	13. Special Handling Instructions and Additional Information 1. 4 x BOXES (42 UNITS) 2. 3 x " (137 ")						
	14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
Generator's/Officer's Printed/Typed Name x ROBERT KAHN			Signature x [Signature]		Month Day Year 7 18 24		
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:				
Transporter Signature (for exports only):							
16. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name C. THRODS			Signature [Signature]		Month Day Year 7 18 24		
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
17b. Alternate Facility (or Generator)			U.S. EPA ID Number				
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)			Month Day Year				
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name [Signature]			Signature [Signature]		Month Day Year 7 18 24		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000063545	2. Page 1 of 1	3. Emergency Response Phone 305-807-3895	4. Waste Tracking Number 61091	
5. Generator's Name and Mailing Address THRUST TECH ACCESSORIES 2015 187 1/2 AVENUE FT LAUDERDALE FL 33309 35-3448			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name HEM KLEAN CORPORATION			U.S. EPA ID Number FLR000211218			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ESCRAP 220 EAST 11TH AVENUE DALEMAN FL 33012 35-4361917			U.S. EPA ID Number			
Facility's Phone:						
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. NON-DOT/NON HERR REGULATED MATERIAL (FLUORESCENT BULBS)		02	CF	80	P
	2.					
	3.					
4.						
13. Special Handling Instructions and Additional Information 2 X BX = 28 BULBS						
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
Generator's/Officer's Printed/Typed Name Robert W Pzyk			Signature <i>[Signature]</i>		Month 8	Day 6
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:			
	Transporter Signature (for exports only):					
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name MIKE ROBINSON		Signature <i>[Signature]</i>		Month 8	Day 6
	Transporter 2 Printed/Typed Name		Signature		Month	Day
DESIGNATED FACILITY	17. Discrepancy					
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number:					
	17b. Alternate Facility (or Generator)			U.S. EPA ID Number		
	Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)			Signature		Month 8	Day 6
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Orlando L. Alfaiso			Signature <i>[Signature]</i>		Month 8	Day 6

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000192922	2. Page 1 of 1	3. Emergency Response Phone 305-807-3895	4. Waste Tracking Number 69374B	
5. Generator's Name and Mailing Address FLORIDA STATE JAIL - MIAMI UNIT 100 3RD ST MIAMI, FL 33133			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address			U.S. EPA ID Number			
Facility's Phone:						
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. NON-DOXINON PORA REGULATED MATERIAL FLUORESCENT BULBS 170		01	BX	40	P
	2. NON-DOXINON PORA REGULATED MATERIAL FLUORESCENT BULBS 170		0		0	
	3. NON-DOXINON PORA REGULATED MATERIAL FLUORESCENT BULBS 170		02	BX	100	P
	4. NON-DOXINON PORA REGULATED MATERIAL FLUORESCENT BULBS 170		01	BX	50	P
13. Special Handling Instructions and Additional Information 1. 1 X BOX (37 UNITS) 2. 2 X BOXES (181 UNITS) 3. 2 X BOXES (181 UNITS) 4. 1 X BOX (5 UNITS)						
14. GENERATOR'S CERTIFICATION: I certify that the material described on this manifest is not a hazardous waste. Generator's/Officer's Printed/Typed Name X EMM BLOTT Signature X EMM BLOTT Month Day Year 8 11 24						
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Transporter Signature (for exports only): Date leaving U.S.:					
	16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year 9 11 24 Transporter 2 Printed/Typed Name Signature Month Day Year					
TRANSPORTER	17. Discrepancy 17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: 17b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 17c. Signature of Alternate Facility (or Generator) Month Day Year					
DESIGNATED FACILITY	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name Signature Month Day Year					