



Florida Department of Environmental Protection

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

DEP Form #: 62-716.900(1)
Form Title: Application for Voluntary
Materials Recovery Facility
Certification
Effective Date: December 17, 2013
Incorporated in Rule: 62-716

APPLICATION FOR VOLUNTARY MATERIALS RECOVERY FACILITY CERTIFICATION

1. Specify the Calendar Year for Voluntary Certification: _____

2. Name of Applicant Requesting Certification: _____

Physical Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Telephone number (____) _____ Fax number (____) _____ Contact Person _____

E-mail _____ Web address _____

3. List Owners, general or limited partners, corporate officers or directors (use additional pages if necessary):

4. Have you had any violations of Florida statutes, rules, orders or permits issued in the past 12 months? Yes No

If yes, explain: _____

5. _____
Signature (authorized Representative)

Title

Print name

Date

NOTE: This form may be submitted electronically to recycling@dep.state.fl.us or by mail to the Waste Reduction Section, MS 4555, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.