

Florida Department of Environmental Protection
Division of Waste Management
Technology Library Application

Instructions

Complete this application and attach it to a technical data package of supporting information. The package should be a formal presentation containing information about all applicable topics listed in Part 2. The Division of Waste Management provides Part 2 as guidance only; the onus shall be on the applicant to include any other topics that are unique or specifically associated with the product to be evaluated. Submit the application and supporting information to dwm_innovative@floridadep.gov, Innovative Technology Coordinator, District Support Program, Mail Station 4500, Florida Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399 -2400. Additional information is available on the Internet at the DEP [Innovative Technology Acceptance Program webpage](#).

Part 1: Manufacturer/Developer

(Manufacturer/developer information will appear in Division of Waste Management publications if the product is accepted.)

* - Denotes required field

Product Name*:

Name*:

Company:

Address 1:

Address 2:

City: State: Zip Code:

Telephone: Email*:

Website:

Proprietary Components*: ☐ Yes ☐ No

Proprietary information will be held in confidence by the Department and will not be subject to disclosure under Public Record Request. If the application contains proprietary information, please note the specific information deemed proprietary and the basis for that claim.

Part 2: General Product/Process Information

Category (check all that apply)

- ☐ Activators/Catalysts
- ☐ Bioremediation or Bioaugmentation
- ☐ Chemical Oxidation
- ☐ Chemical Reduction
- ☐ Physical/Mechanical
- ☐ Surfactants Flushing
- ☐ Other (describe)

Application (check all that apply):

- ☐ In Situ
- ☐ Ex Situ

Media (check all that apply):

- ☐ Groundwater
- ☐ Soil
- ☐ Air Emissions Control
- ☐ Other (describe)

Has this request been submitted before?

- ☐ Yes
- ☐ No

If yes, was the product accepted?

- ☐ Yes
- ☐ No

Brief Description* (No graphics or screenshots, maximum 4000 characters)

Part 3: Submitter

The Submitter is the manufacturer's agent or liaison with FDEP for this evaluation.

Name:

Company:

Address 1:

Address 2:

City: State: Zip Code:

Telephone: Email:

Website: