

## Florida Department of Environmental Protection

Clean Marina Renewal Form



|   |   | FACILITY INFO                    | RMATION             |                         |                             |            |  |
|---|---|----------------------------------|---------------------|-------------------------|-----------------------------|------------|--|
| СМР   | #: Clean Ma   | arina Clean Boatyard             | Clean Ma            | rine Retailer           | Resilient N                 | Marina     |  |
| Facility Name:  |   |                                  | FEIN #:             |                         | County:                     |            |  |
| Cont  | act:  |                                  | Telephone           | #:                      |                             |            |  |
| Ema   | il Address:   | Facility We                      | bsite:              |                         |                             |            |  |
| Facili  | ty Address:   |                                  | City:               |                         | Zip-Code:                   |            |  |
| FACILITY SELF REVIEW  |   |                                  |                     |                         |                             |            |  |
|   | Has your facility maintained the  | e requirements outlined in the ( | Clean Marina Action | Plan?                   | Yes                         | No         |  |
| 1.  | The Clean Marina Action Plan can be accessed at the link below:   |                                  |                     |                         |                             |            |  |
|   | https://www.floridadep.gov/osi/clean-marina/forms/clean-marina-action-plan  |                                  |                     |                         |                             |            |  |
| If not, which requirements need to be addressed? Please provide information in the space below. |   |                                  |                     |                         |                             |            |  |
| 2.  |   |                                  |                     |                         |                             |            |  |
|   |   |                                  |                     |                         |                             |            |  |
| 2   | Has your facility adopted any a   | dditional Best Management Pra    | ctices? Describe be | low.                    | Yes                         | No         |  |
| 3.  |   |                                  |                     |                         |                             |            |  |
|   |   |                                  |                     |                         |                             | <b>N</b> 1 |  |
|   | Does your facility promote recy   |                                  |                     | -                       | Yes                         | No         |  |
| 4.  | Paper   |                                  | atteries            | Flares                  |                             |            |  |
|   | Paint<br>Fluorescent Bulbs  |                                  | Jsed Oil<br>Dther:  | Filters                 |                             |            |  |
|   |   |                                  | Stiler.             |                         |                             |            |  |
| 5.  | Does your facility have a pumpe   | out?                             |                     |                         | Yes                         | No         |  |
|   | Pumpout Type:   | Stationary F                     | Portable            | Vessel                  |                             |            |  |
| 6.  | Is your facility's pumpout is wo  |                                  |                     | Yes                     | No                          |            |  |
|   |   |                                  |                     |                         | Yes                         | No         |  |
| 7.  | in yes, select the link below and complete the clean vessel ver (evv) Appleation.   |                                  |                     |                         |                             |            |  |
|   | http://www.floridadep.gov/osi/cva/forms/cva-grant-application   |                                  |                     |                         |                             |            |  |
|   |   | MATERIAL R                       | EQUEST              |                         |                             |            |  |
|   | Clean Marina Flags  | Environmental Signage            |                     |                         | Boater Program Brochures    |            |  |
|   | Marina Spanish  |                                  | -                   |                         | oater Cleaning Alternatives |            |  |
|   | BoatyardEnvironmentalRetailerFuelingResilientBilge CleaningWindow ClingsBilge SocksMarinaClean Marina Program IBoatyardClean Vessel Act Program |                                  | Policies            |                         |                             |            |  |
|   |   |                                  |                     |                         | Debris Bags                 |            |  |
|   |   |                                  |                     | Pumpout Stickers        |                             |            |  |
|   |   |                                  | Drochuroc           | Clean Boater Quick Tips |                             |            |  |
|   |   |                                  |                     | _                       |                             |            |  |
|   | Boatyard Clean Vessel Act Program<br>Retailer Clean Boating Habits Boo  |                                  |                     | Watercraft Check Points |                             |            |  |
|   | CVA   | CVA Burgees                      | JORIELS             |                         | ater Stickers               |            |  |
|   | Does your facility have a new   | _                                | :                   |                         |                             |            |  |
|   |   | equest on-site assistance for Cl |                     | g?                      |                             |            |  |
|   |   | ving as a Clean Marina Mentor 1  |                     |                         | ward designation?           |            |  |
| Sign  | ature:  |                                  |                     | Date:                   |                             |            |  |
|   |   |                                  |                     |                         |                             |            |  |

Please send signed pledge to:

Clean.Marina.Program@dep.state.fl.us

or FAX: 1-866-340-4683

3900 Commonwealth Boulevard, MS 30, Tallahassee, FL 32399-3000



## Florida Department of Environmental Protection

Affirmation of Good Standing



This form is used to declare that \_\_\_\_\_\_\_is in good standing with the Florida Department of Environmental Protection's Clean Marina Program. Our facility has maintained its implementation of Best Management Practices and has actively worked towards completing the Clean Marina Action Plan.

We remain committed to improving the quality of Florida's waterways through voluntary participation in promoting individual responsibility through public education, supporting the regulatory process, and creating a strong environmental ethic.

Our facility is seeking the following designation renewals:

Clean Marina

**Clean Boatyard** 

Clean Marine Retailer

**Resilient Marina** 

| Signature: | Date:  |
|------------|--------|
| Contact:   | Title: |

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