

Florida Department of Environmental Protection

Clean Marina Renewal Form



FACILITY INFORMATION									
CMP #:		Clean Marina	Clean Boatya	rd	Clean	Marine Retaile	er Cl	ean & R	esilient
Facility Name:					FEIN #:		County:		
Contact:					Telepho	ne #:			
Email Address:					Facility \	Website:			
Facility Address:					City:		Zip-Code:		
FACILITY RENEWAL									
For your convenience, click the link below and the Clean Marina Action Plan checklist will be provided to you for your self-review:									
https://www.floridadep.gov/osi/clean-marina/forms/clean-marina-action-plan									
1.	Has your fa	cility maintained the req	uirements outlined in t	he Clean I	Marina Ac	tion Plan?		Yes	No
	Has your facility adopted any additional Best Management Practices? If so describe below.							Yes	No
2.									
	Does your facility participate in recycling? Please select all materials that apply.								No
3.	Pap	er	Aluminum		Bat	tteries	Flare	es	
	Pair		Solvents			ed Oil	Filte	_	
	Fluorescent bulbs Monofilament Line Plastic				stic	Oth	er:		
4.	Has your facility held training events for environmental hazards during the past year?							Yes	No
5.	Does your f	acility have a spill plan?						Yes	No
6.	Do you hav	e spill cleanup materials	on site? Sp	ill Kit	Во	oom		Yes	No
7.	Has your facility had any regulatory inspections during the past year? Check all that apply.								No
	State	Lands NPDES	S Tanks	Haz	ardous W	aste	Air		
8.	If your facility has a new owner/manager, would you like to request info or on site assistance? New owner/manager name:								No
9.	Are you into	erested in serving as a Clo	ean Marina Mentor to a	assist othe	er facilitie	s with designati	ion?	Yes	No
10.	Does your f	acility have a pumpout?	If yes check type:	Station	ary	Portable	Vessel	Yes	No
11.	Is your facil	ity's pumpout in working	condition?					Yes	No
12.	If you are interested in grant assistance for pumpouts/maintenance - Click the below link to complete the CVA Application http://www.floridadep.gov/osi/cva/forms/cva-grant-application								lication:
MATERIAL REQUEST									
	Clean Marina Flag Clean Boatyard Fla			ard Flag	Clean Boating Habits			bits	
						ean Boating Bro	chures		
Is your facility following best management practices and in good standing with the department? Yes								Yes	No
Signature:					Date:				

