

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road, MS 4555 Tallahassee, Florida 32399-2400 DEP Form #: 62-722.400(9)(a), F.A.C.

Form Title Application for Recovered Materials Certification

Effective Date: Pending

Incorporated in Rule: 62-722.400, F.A.C.

APPLICATION FOR RECOVERED MATERIALS CERTIFICATION

Submit to: 2600 Blair Stone Road, MS 4555, Tallahassee FL 32399-2400

Section 403.7046, Florida Statutes

This application form is for the below named person who, at the Florida location(s) listed handles, purchases, receives, recovers, sells or is an end user or non-exempt generator of recovered materials. This person is required to be certified and report to the Department of Environmental Protection on an annual basis pursuant to Chapter 62-722, F.A.C.

Applications which do not include the \$50.00 fee shall be deemed incomplete and will be returned.

1. Name of Applicant:			
Physical Address:		City:	Zip <u>:</u>
Mailing Address:		City:	Zip <u>:</u>
Phone number:	Fax number:	Contact Pers	son:
Email:		Web address:	
List owners, general or limited p	partners, corporate officers an	nd directors (use additional	pages if necessary):

2. Please indicate which of the following describes your current certification:

Certification Renewal	Ne
Ochinoadon Kenewai	110

New Certification

3. Describe the applicant. Please check which of the following describes your recovered materials operation: PLEASE SEE INSTRUCTIONS PART B2 FOR DEFINITIONS

Public (government)

Private (business or nonprofit)

Processor Non-exempt Generator End User

(continued on reverse)

4. List location(s) and types of facility(ies) owned or operated by applicant in Florida (under "Type" use the appropriate facility code as identified in part B3 of the instructions). Specify Latitude & Longitude using a global positioning system (GPS) reading only.

Facilities Listing:

Name Physical Address	Physical Address	County		Latitude		Longitude			Тур
		County	deg	min	sec	deg	min	sec	
5								_	
Signature (authorized Representat	ive)	Title				Date			
Print name									
DEP Form 62-722.400(9)(a), F.A.C.									